City of Salford

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1954

BY

J. L. BURN, M.D., D.Hy., D.P.H.,

MEDICAL OFFICER OF HEALTH

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Members of the Health Committee,

1954.

Chairman :

Alderman G. H. GOULDEN, J.P.

Deputy Chairman :

Alderman M. C. WHITEHEAD (Miss)

Alderman J. H. LESTER (*Mayor*)
,, J. SHLOSBERG, J.P. (*Deputy Mayor*)
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,, E. A. PARKER, J.P.
,, B. WILSON
,, N. WRIGHT

STAFF—1954.

MEDICAL OFFICER OF HEALTH ...	J. L. BURN, M.D., D.Hy., D.P.H.

MATERNITY AND CHILD WELFARE.

Senior Medical Officer	Miss M. SPROUL, M.B., Ch.B., D.P.H.,
Superintendent of Health Visitors and Nursing Staff	Miss B. M. LANGTON, D.N. (London), S.R.N., S.C.M., H.V. Cert.
Non-Medical Supervisor of Midwives	Miss F. M. SANDERSON, S.R.N., S.C.M., M.T.D.
Supervisor of Day Nurseries ...	Miss L. HOLLIDAY, S.R.N., S.C.M.

ANALYSIS OF FOOD AND DRUGS.

Public Analyst	A. ALCOCK, A.M.C.T., F.R.I.C.

SANITARY INSPECTION.

Chief Sanitary Inspector	J. C. STARKEY, M.R.S.I.

MENTAL HEALTH.

Senior Mental Health Visitor and Duly Authorised Officer ...	D. BOSTOCK, Cert. Soc. Sc. (to 26th September).
	J. H. HOPE (from 27th September).

HEALTH EDUCATION.

Health Education Officer	H. L. LATHAM, C.R.S.I.

SOCIAL WELFARE INCLUDING DOMESTIC HELP.

Almoner	Miss B. CHADWICK.

ADMINISTRATION.

Chief Administrative Assistant...	E. WOOD, C.R.S.I.
Chief Clerk	J. F. PRESTWICH, C.R.S.I.
Medical Officer of Health's Secretary	F. G. DOBSON, C.R.S.I.

" The great question, the great social question, which should engage the attention of statesmen, is the health of the people. That is a question which really almost comprises every object we wish for. It refers to all subjects, which if properly treated, may advance the happiness and comfort of men."

Disraeli.

VITAL STATISTICS

According to the figures of the Registrar General during mid-year 1954, the population of Salford was 171,500, a decrease of 2,400 as compared with that of 1953.

The death rate for the year was 12·0—a decrease of 0·3 as compared with that for 1953 (national rate—11·4).

The birth rate for the year was 16·7 as compared with 17·0 for the year 1953 (national rate—15·5).

The infantile mortality rate for 1954 was 30, a reduction of two compared with 1953 (national rate—26·8).

The maternal mortality rate was 1·36 per 1,000 total births (national rate—0·76).

INTRODUCTION

To the Chairman and Members of the Health Committee,

Mr. Chairman, Ladies, and Gentlemen,

I have the honour to present my annual report on the health of the City of Salford for the year 1954.

Ambulance Service and Radio Telecommunication.

I have pleasure in reporting that the decision of the Council to instal radio-telecommunication for their Ambulance Service was amply justified during 1954 by the ease and rapidity of communication between the various units and the headquarters of the service. Not only has the cost been fully justified in respect of routine administration, but it has been proved to be of immense value in emergencies. As an example I quote an instance of an occurrence which took place shortly after the end of the year under review, when an ambulance of the Salford Ambulance Service was snow-bound near Glossop. The first intimation of the occurrence was received at the headquarters of the Salford Ambulance Service by radio-telephony from the ambulance itself. Not only was the rescue effected of the four persons in the ambulance (including the driver and attendant), but the rescue party was instrumental in saving the lives of a woman and her child who were discovered by the roadside suffering severely from exposure.

Accommodation for New Health Offices.

It gives me pleasure to report that early in 1954 the formal consent of the Ministry of Housing and Local Government to the borrowing of money for the acquisition of land at the Crescent on which will be erected new offices for the Health Department was received. It is possible that it may be some considerable time before the erection of the new building will be completed or even commenced, but the acquisition of the land is a start in the right direction and I sincerely hope that the vacant site itself will serve to remind the Council of the urgent need for new accommodation. Perhaps the erection of the fine new building for the police service which is rising at the present time will inspire the Council to make a similar effort on behalf of the Health Service. When both new buildings are erected, the maintenance of public order and the maintenance of public health may rightly walk hand in hand.

Fitzwarren Street Day Nursery.

In the early part of 1954 an approach was made by the Diocesan Registry of Manchester with a view of recovering the site belonging to the Church Authorities occupied by the Fitzwarren Street Day Nursery. As the Council are aware, the site was requisitioned during the war by the Local Health Authority for nursery purposes, and it may safely be said that the building of this nursery has been of great benefit to that particular neighbourhood. During 1955 the Council have decided to relinquish the site which they felt they could no longer honourably retain ; but having regard to local needs, instructions have been given for the preparation of plans for a new nursery on a site in reasonable proximity to the original one. It is hoped that the Ministry of Health will see their way to support the formal application when it is submitted.

Housing Repairs and Rents Act.

Early in 1954 I was instructed to submit a report as to the staffing of the Sanitary Inspectors' Department which would be needed to enable the Health Department to deal with the work involved in complying with the Housing Repairs and Rents Act, and I subsequently reported that the following staff would be needed.

(*a*) Seven fully qualified sanitary inspectors to bring the staff up to full establishment ;

(*b*) Six assistant sanitary inspectors ; and

(*c*) Additional clerical assistance as found necessary.

Owing to the national shortage of sanitary inspectors, it was not found possible during the year to obtain the full complement of qualified sanitary inspectors, but endeavours were made to obtain additional assistance in the form of unqualified staff termed " technical assistants " with practical experience of the building trade.

It was not possible to make any appointments until March, 1955, but there is every reason to believe from the experience gained since the appointments were made that the decision to make them will prove to have been well advised.

Flood—January, 1954.

Your department was again of some assistance to the unfortunate citizens who suffered as a result of the flood which occurred on 21st January, 1954, in the following ways :—

Invalids and Children.—Offers of help were made regarding removal of invalids to hospital and the minding of children at Day Nurseries.

Drainage.—Blockages were removed and defective drains were traced.

Disinfestation.—Spraying against insects took place on a considerable scale.

Disinfection.—A large quantity of chloride of lime was issued for deodorising and disinfection purposes.

Food.—Food premises were inspected for contaminated food and insanitary conditions. A considerable quantity of meat was condemned.

Over 1,200 houses and 94 food shops were inspected.

Immunisation Against Diphtheria.

I am happy to be able to report the continued success of the Council's campaign against diphtheria. During 1954 only two cases of diphtheria and one death from that disease occurred in Salford. This compares favourably even with twenty years ago, in which year there were in Salford 680 cases of diphtheria, which resulted in 35 deaths. It is unnecessary for me to enlarge upon these figures which speak for themselves.

Psychotherapeutic Centre—Cleveland House.

I have pleasure in reporting that in November, 1954, a Psychotherapeutic Centre was established at Cleveland House with, of course, the approval of the Council, for assisting female patients who might otherwise have to enter a mental hospital. The purpose of the Centre is to provide occupational, group, and social therapy, and so stimulate the mind of the patients that they will not need to enter mental hospitals. I am glad to be able to report that up to the present time, much satisfactory work has been accomplished and that in a number of cases the objects referred to have been achieved.

Much assistance in this work has been rendered by Dr. Blair, the Medical Superintendent of Springfield Hospital, for whose assistance I am extremely grateful.

I am also glad to pay tribute to the work performed by the members of the Women's Voluntary Services who have assisted the staff of the Health Department in running the Centre.

B.C.G. Vaccination of School Children.

In March, 1954, the Ministry of Health approved the modification of the Council's proposals under Section 28 of the National Health Service Act, 1946, by the addition of a section enabling them to offer B.C.G. vaccination to school children between their 13th and 14th birthdays. The scheme

was commenced at the Broughton Modern School in October, 1954, and, following the success of the routine procedure there developed, a programme was made which will ensure that B.C.G. vaccination is offered in future to every child in Salford between its 13th and 14th birthdays.

Joint Appointment with Manchester University of an Assistant Medical Officer.

I have pleasure in reporting that during the year under review negotiations were entered into with the Manchester University relating to the Joint Appointment by the University and the Corporation of an Assistant Medical Officer. This appointment is unique so far as Salford and many other authorities are concerned and will have certain special advantages to both appointing bodies. In the case of the University it is the intention that the person appointed should hold the post of lecturer in social and preventive medicine and should pursue original research in his work in the University ; so far as the Corporation is concerned he will perform such duties as are allocated to him by the Medical Officer of Health. From his work under the public health authority the holder of the post will draw certain advantages which will be of help to him in his University work, especially with the teaching of medical students and D.P.H. students, while his research work at the University cannot help but aid him with his field work under the local authority. His time will be divided approximately equally between the University and the authority.

I am strongly of opinion that this appointment will prove to be of great advantage to the Corporation.

Air pollution.

As the Committee are aware, the subject of atmospheric pollution has been a topic in Salford health circles for many years, but is is only comparatively recently that the matter has been seriously considered at a national level. In April 1954 the Air Pollution Committee set up by the Ministry of Health visited the North Western area and included Salford in its inspection of local conditions.

In the positive sense the Ministry of Housing and Local Government assisted Salford to make a contribution towards the reduction of atmospheric pollution by confirming without modification the Salford (Ladywell and Fairhope) Smokeless Zones Order 1954. While the zones are not of great size including as they do only 217 flats at Ladywell and 185 houses at Fairhope, they represent nevertheless a definite "beginning" and although it may seem over optimistic to say so perhaps the beginning of the end. The acceptance by the residents of the houses in these zones of a belief in the desirability of reducing smoke pollution is in itself strong evidence that the public is much better informed upon this subject than ever it has been before.

Since 1st January, 1955, although there have been teething troubles, later evidence has shown that the community is ready and willing to accept the application of the principle even at some cost and inconvenience to themselves.

I have great belief in the possibility of widening the new zones, and of establishing similar zones in other parts of Salford.

Public Toilets

During 1954, the Health Committee again extended its scheme for the provision of public toilets by obtaining the sanction of the Ministry of Housing and Local Government to the borrowing of the sum of £2,200 for the erection of a new public toilet for ladies at West Worsley Street, Salford. It is the intention of the Health Committee to continue the extension of this service where needed.

Home Helps.

The Health Committee has reason to be proud of its Home Help Service which in a comparatively short time has been built up from zero until to-day it comprises a staff of approximately 230 home helps. I mention this fact deliberately in order to give me the opportunity of pointing out to the Committee that this apparently large number is not yet sufficient to cope with the real needs of the city. In point of fact the equivalent number of home helps on a full-time basis is only approximately 111 at the present time which is not nearly enough to do all that is necessary for the people who are in need of such help. I realise full well that the cost of this service is heavy, but it is a necessary service if the aged are to receive even the minimum of care which should be rendered by a civilised community.

Salford House.

A further step in the improvement of Salford House was achieved during the year by the provision of additional baths for the residents. The installation has been greatly appreciated and the baths have been well used. I am taking this opportunity of reminding the Committee of the many improvements which have been made in this building during the period of office of the present Manager (Mr. T. Costello). As I have already told the Committee, Mr. Costello's contribution to the service has not been limited to his formal appointment but has included much service in social welfare arising from his human and kindly interest in the residents. Although Mr. Costello did not receive his present appointment until comparatively late in his career it has become increasingly evident that he has a natural vocation for the work which he has performed so well and unsparingly.

Re-housing.

One of the most important parts of the Health Committee's duties i.e. the preparation and submission of clearance schemes, continued during the year. Salford's troubles, of course are multiplied by the difficulty of providing houses to which replaced persons can be transferred, and this in itself forms a constant brake on rapid progress. To those who have at heart the interest of the long suffering slum dwellers of Salford such slow progress is distressing, and it is sincerely to be hoped that some method will be found whereby slum clearance can be accelerated.

I should like to thank you Mr. Chairman, and the members of the health committee and of the council, for their support and help throughout the year.

It would be too lengthy an undertaking and too invidious a matter to mention by name all who have contributed to this report of the work of the department. This report is the work of many hands. Much hard work by leading members of the staff has gone into the preparation of it; and what is much more important, into the day-by-day work of the department of which this report is an inadequate record. Much of the all-important routine work which has been done, many of the projects and investigations (large and small) have been pursued which, for reasons of space, find no record here. Even a reasonably full account of the present-day duties of a health department is difficult.

To all, including my colleagues the chief officers of the Corporation, I would like to record grateful thanks.

I have the honour to be Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. L. Burn.

Medical Officer of Health.

HEALTH DEPARTMENT,
143, REGENT ROAD,
SALFORD, 5.

CONTENTS.

STATISTICAL SUMMARY, 1954.

Area.—The City of Salford has a total area of 5,202 acres.

Population.—(Registrar-General's Estimate at Mid-year, 1954)	171,500
„ (Census, 1951)	178,036

Density.—The Mean Density of the City is equal to 33·0 persons per acre.

Live Births	**Legitimate**	**1,366 Males, 1,326 Females**	2,692
	Illegitimate	**85 „ 90 „**	175
		TOTAL	2,867
Annual Rate of Births per 1,000 of the Population			16·7
Still Births	**Males 44, Females 29**	**Total**	73
Annual Rate of Still Births per 1,000 Total Births			24·8
Deaths	**Males 1,095, Females 960**	.. ..	2,055
Annual Rate of Mortality per 1,000 of the Population			11·98
Percentage of Total Deaths occurring in Public Institutions			48·5%

Deaths from Puerperal Causes :—	Deaths.	Rate per 1,000 Total Births
Puerperal Sepsis	..	..
Other Puerperal Causes	4	1·36
TOTAL	4	1·36

Death-rate of Infants under one year of age per 1,000 live births :—

Legitimate, 29.72. Illegitimate, 45.70. Total	30·35
Deaths from Measles (all ages)	2
„ „ **Whooping Cough** (all ages)	1
„ „ **Diarrhoea** (under 2 years of age)	2

TABLE M. 1.

SHOWING THE BIRTHS IN THE CITY OF SALFORD, DEATHS OF LEGITIMATE AND ILLEGITIMATE INFANTS UNDER ONE YEAR OLD AND THE PROPORTION OF DEATHS UNDER ONE YEAR OF AGE PER 1,000 BIRTHS DURING THE YEARS 1939 TO 1954.

Years.	Births.			Percentage of Illegitimate Births to Total Births	Deaths under One Year.			Proportion of Deaths under One Year per 1,000 Births.		
	Total.	Legit.	Illegit.		Total.	Legit.	Illegit.	Total.	Legit.	Illegit.
1939	2925	2808	117	4·0	202	194	8	69	69	68
1940	2884	2742	142	4·9	219	209	10	76	75	70
1941	2518	2377	141	5·5	240	215	25	96	90	177
1942	2823	2632	191	6·8	217	203	14	77	77	73
1943	3085	2863	222	7·2	214	203	11	69	71	50
1944	3251	3025	226	7·0	202	182	20	62	63	88
1945	3022	2749	273	9·0	183	168	15	61	61	55
1946	3849	3610	239	6·2	205	180	25	53	50	104
1947	4220	3973	247	5·9	258	240	18	61	60	73
1948	3761	3570	191	5·1	157	147	10	42	41	52
1949	3628	3387	241	6·6	193	181	12	53	53	50
1950	3354	3123	231	6·9	144	128	16	43	41	69
1951	3091	2881	210	6·8	107	103	4	35	36	19
1952	3100	2913	187	6·0	107	89	18	35	31	96
1953	2964	2794	170	5·7	95	83	12	32	30	71
1954	2867	2692	175	6·1	87	79	8	30	30	46

TABLE 2

SHOWING THE BIRTH RATES, RATES OF MORTALITY FROM ALL CAUSES, TUBERCULOSIS OF RESPIRATORY SYSTEM, CANCER, HEART DISEASES, BRONCHITIS AND PNEUMONIA AND THE INFANT MORTALITY RATES DURING THE YEARS 1938 TO 1954.

Years	Population estimated to middle of each year	Rates per 1,000 Population							Deaths under one year of age per 1,000 Births.
		Births	Deaths from						
			All Causes	Tuberculosis of Respiratory System	Cancer	Heart Diseases	Bronchitis	Pneumonia	
1938.....	199,400	15·77	13·09	0·96	1·72	3·46	0·43	1·05	74·10
1939.....	196,600	14·88	13·72	0·96	1·86	4·17	0·47	1·02	69·06
1940.....	173,200*	16·65	18·61	1·12	1·97	4·35	3·09	1·28	75·94
1941.....	159,720*	15·77	17·17	1·08	1·73	3·50	2·08	1·32	95·31
1942.....	153,300*	18·42	14·50	0·95	2·26	3·01	1·56	0·84	76·87
Average 5 years		**16·30**	**15·42**	**1·01**	**1·91**	**3·90**	**1·53**	**1·10**	**78·26**
1943.....	153,000*	20·16	15·57	0·97	2·25	2·91	2·16	0·96	69·37
1944.....	155,810*	20·87	14·58	0·97	2·08	2·96	1·74	0·65	62·13
1945.....	157,300*	19·21	15·63	0·93	1·99	3·01	2·64	0·80	60·56
1946.....	169,470	22·71	13·37	0·72	1·92	2·62	1·70	0·75	53·26
1947.....	174,070	24·24	13·30	0·75	2·02	2·80	1·65	0·70	61·14
Average 5 years		**21·44**	**14·49**	**0·87**	**2·05**	**2·86**	**1·98**	**0·77**	**61·29**
1948.....	178,100	21·12	11·81	0·78	2·16	2·44	1·14	0·48	41·74
1949.....	178,900	20·28	13·06	0·63	2·00	3·13	1·45	0·71	53·20
1950.....	177,700	18·87	12·87	0·50	2·31	3·51	1·30	0·46	42·93
1951.....	176,800	17·48	14·12	0·46	2·15	4·04	1·78	0·50	34·62
1952.....	176,400	15·57	12·19	0·35	2·12	3·35	1·33	0·59	34·52
Average 5 years		**19·06**	**12·81**	**0·54**	**2·15**	**3·29**	**1·4–**	**0·55**	**41·4–**
1953.....	173,900	17·05	12·36	0·29	2·24	3·24	1·59	0·74	32·05
1954.....	171,500	16·72	11·98	0·23	2·39	3·44	1·19	0·56	30·35

* Civil population.

TABLE 3

STATEMENT SHOWING NUMBER OF DEATHS IN THE CITY OF SALFORD FROM THE DISEASES SPECIFIED REGISTERED DURING THE YEARS 1931-1953 AND THE RATES PER 100,000 OF THE POPULATION.

(a) Number of Deaths (b) Rate per 100,000 of the population

Year	Bronchitis		Cancer (all sites)		Heart Diseases		Pneumonia		Tuberculosis of Resp. system		Total Deaths	
	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
1931	201	89·0	342	151·4	678	300·1	334	147·8	276	122·1	3209	1420·6
1932	172	78·1	396	179·8	562	255·1	253	114·9	228	103·5	2920	1325·5
1933	133	62·2	339	158·5	591	276·4	269	125·8	248	116·0	3009	1407·1
1934	200	92·2	400	184·3	637	293·5	243	112·0	201	92·7	2932	1351·2
1935	131	62·4	348	165·8	656	312·4	236	112·4	190	90·5	2734	1301·9
1936	154	74·7	352	170·8	729	353·9	249	120·9	207	100·5	2893	1404·3
1937	141	69·9	390	193·3	779	386·0	245	121·4	178	88·2	2943	1458·3
1938	86	43·2	344	172·5	691	346·5	210	105·3	192	96·3	2611	1309·5
1939	92	46·8	366	186·2	838	417·3	201	102·3	187	95·1	2698	1372·3
1940	535	308·9	342	197·5	754	435·4	221	127·6	195	112·6	3224	1861·5
1941	333	208·5	276	172·8	559	350·0	211	132·1	173	108·4	2743	1717·4
1942	239	155·9	347	226·4	462	301·4	129	84·1	146	95·2	2223	1450·1
1943	330	215·7	345	225·5	445	290·8	147	96·1	148	96·7	2382	1556·8
1944	271	173·9	324	207·9	461	295·9	101	64·8	151	96·9	2271	1457·6
1945	416	264·5	313	198·9	472	301·1	126	80·1	144	92·8	2459	1563·3
1946	289	170·5	326	192·4	444	262·0	127	75·0	122	72·0	2266	1337·1
1947	288	165·4	351	201·6	488	280·3	122	70·1	131	75·3	2312	1329·7
1948	203	114·0	385	216·1	434	243·7	86	48·3	139	78·0	2103	1180·8
1949	260	145·3	358	200·1	560	313·1	127	71·0	113	63·2	2337	1306·3
1950	231	130·0	410	230·7	624	351·2	82	46·2	89	50·0	2288	1287·5
1951	314	177·6	381	215·5	715	404·4	89	50·4	82	46·4	2497	1412·3
1952	235	133·3	374	212·1	591	335·1	104	59·0	61	34·6	2151	1219·4
1953	277	159·3	390	224·2	563	323·8	129	74·2	50	28·8	2149	1235·7
1954	204	118·9	410	239·1	590	344·0	96	56·0	39	22·7	2055	1198·3

CAUSES OF DEATH—Registrar General's Return of Deaths in the City of Salford during the year 1954

	Males	Females	Total	Under 1 year	1 year and under 5 years	5 years and under 15 years	15 years and under 25 years	25 years and under 45 years	45 years and under 65 years	65 years and under 75 years	75 years and over
Tuberculosis—Respiratory	26	13	39	...	...	...	4	8	20	7	...
,, Other	2	...	2	...	...	...	...	1	1	...	...
Syphilitic Disease	4	2	6	...	...	...	...	...	3	2	1
Diphtheria	...	1	1	...	...	...	...	...	...	...	1
Whooping Cough	...	1	1	1	...	...	...	...	...	...	...
Meningococcal Infections	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...
Measles	1	1	2	1	1	...	...	...	...	...	...
Other Infective and Parasitic Diseases	1	3	4	...	2	...	...	...	1	...	1
Malignant Neoplasm—Stomach	35	33	68	...	...	...	1	5	26	19	17
,, ,, Lung, Bronchus	93	16	109	...	...	...	...	13	52	33	11
,, ,, Breast	...	24	24	...	...	...	...	1	15	5	3
,, ,, Uterus	...	15	15	...	...	...	...	4	7	3	1
Other Malignant and Symphatic Neoplasms	106	88	194	...	...	3	1	12	68	63	47
Leukæmia, Aleukæmia	7	2	9	...	1	...	...	1	3	2	2
Diabetes	4	6	10	...	...	...	...	1	1	8	...
Vascular Lesions of Nervous System	93	165	258	...	...	...	...	4	55	93	106
Coronary Disease, Angina	151	96	247	...	...	...	...	6	100	85	56
Hypertension with Heart Disease	19	18	37	...	...	...	...	...	10	11	16
Other Heart Disease	136	170	306	...	...	...	2	10	54	62	178
Other Circulatory Disease	29	35	64	...	...	...	...	3	8	12	41
Influenza	1	5	6	...	...	...	...	...	1	4	1
Pneumonia	43	53	96	17	2	...	...	...	12	24	41
Bronchitis	139	65	204	2	...	...	...	4	53	64	81
Other Diseases of Respiratory System	19	2	21	...	...	...	...	2	13	3	3
Ulcer Stomach and Duodenum	14	7	21	...	...	...	...	2	10	6	3
Gastritis, Enteritis and Diarrhœa	4	3	7	...	...	...	...	1	2	2	2
Nephritis and Nephrosis	8	14	22	...	...	...	2	8	5	6	1
Hyperplasia of Prostate	9	...	9	...	...	...	...	...	...	5	4
Pregnancy Childbirth, Abortion	...	3	3	...	...	...	...	3	...	...	...
Congenital Malformations	9	9	18	13	2	...	1	...	1	1	...
Other Defined or Ill-defined Diseases	97	87	184	48	3	2	2	18	35	23	53
Motor Vehicle Accidents	9	2	11	...	...	1	1	7	1	1	...
All Other Accidents	19	15	34	4	...	1	2	6	6	1	14
Suicide	17	6	23	...	...	...	1	3	12	4	3
Homicide and Operations of War	...	...	...	...	...	...	...	...	...	...	...
TOTAL	1,095	960	2,055	86	11	7	17	123	575	549	687

HOUSING

Salford's housing problems are still depressing as ever. True enough some houses are being repaired, others demolished, and a few new houses and flats are appearing in various parts of the City, but the overall picture remains much the same. Even the most optimistic estimates show that it will take a quarter of a century to catch up with to-day's commitments. Out of 50,881 houses 12,026 are listed as unfit for human habitation on the very realistic standards of the Housing Act.

A ray of hope arrived in the Housing Repairs and Rents Act, 1954, which came into operation on the 30th August. Among many new provisions those permitting rent increases subject to houses being put into a good state of repair, and financial aid from the Government for improvements and patch maintenance of houses awaiting demolition, were most acceptable. What the total effect will be remains to be seen but even at this early stage it would appear that they cannot be much more than a temporary palliative as far as Salford is concerned. Something really momentous must happen if Salford is to regain her lost ground.

THE BATTLEFIELD — 1955
Site of the Trinity Slum Clearance Area on which new houses will be built.

The following are our very exacting and time consuming nibblings at this problem during the past year :—

Houses in which defects were remedied after service of formal notices under the Public Health Acts...	1,937
Houses repaired as a result of informal action by the Health Department	2,684

Houses demolished in Clearance Areas under the Housing Act, 1936 99

Houses demolished as a result of formal procedure under Section II of the Housing Act, 1936 37

Houses closed in pursuance of undertakings given by the owners under Section II of the Housing Act, 1936 1

Houses closed under section 10 (1) of the Local Government (Miscellaneous Provisions) Act, 1953 3

In addition the following areas were represented for clearance, and Clearance or Compulsory Purchase Orders made by the City Council :—

Area	Houses	Other Buildings	Clearance or Compulsory Purchase Orders
Trinity No. 2	12	—	Clearance
„ No. 3	7	—	„
„ No. 4	10	—	„
Croft Street	27	—	„
St. Matthias No. 1	177	7	Compulsory Purchase
„ No. 3	26	—	Clearance
„ No. 4	48	1	„
„ No. 5	20	—	„
	327	8	

SMOKE ABATEMENT

Engendered by the press, radio and television services, public interest in atmospheric pollution continues to increase and the present output of publicity on the subject has never been exceeded.

The highlight of the year has been the publication of the Report of the Committee on Air Pollution. It exposes the weaknesses of existing legislation with its many loopholes and half-measures.

The Committee states its emphatic belief that air pollution on the scale with which we are familiar is a social and economic evil which should no longer be tolerated, needing to be combated with the same conviction and energy as were applied in securing pure water. It makes definite recommendations, which if put into effect must bring about a great improvement, but the report emphasises that the problem is not one which can be solved overnight. It can only be done by a continuous programme urgently and insistently carried out over a number of years, the objective being to reduce total smoke in all heavily polluted areas by 80 per cent., in ten to fifteen years.

The basis of the recommendations is that at the outset it should be the declared national policy to secure clean air, expression being found in the recommendation to introduce new legislation in the form of a " Clean Air Act."

The Government has promised to lay such a measure before Parliament at an early date.

Meanwhile the department has continued its endeavours in the direction of reducing smoke production wherever it has been found excessive or unnecessary, details of the work being appended. To that end, a new byelaw standard for the control of industrial black smoke emission was introduced in November. An aggregate of two minutes black smoke emission in any half-hour period is now a statutory nuisance calling for abatement action. Previously it was not possible to proceed unless such occurrences were frequent.

It became necessary in July to complain to the British Transport Commission concerning the heavy smoke emitted by locomotive engines using Exchange Station. Improvement was effected by an inspector being detailed to keep an eye on locomotive movements there and by drawing the attention of the footplate staff to the matter. It should rarely be necessary for locos, using this station, to produce heavy smoke.

Smokeless Zone establishment continues to commend itself as a satisfactory method of reducing smoke pollution and on the success attending the introduction of schemes at Ladywell and Fairhope Estate in 1955 will depend their early enlargement. Thirty-two visits have been paid to these estates in that connection.

Records of the measurement of pollution in the city are given later in this report.

The following five year summary suggests that, in spite of the fact that fuel consumption continues to increase, smoke concentration is decreasing, whilst, as might be expected due to the effect of prevailing winds, sulphur dioxide concentration varies correspondingly with that at the Trafford Park industrial area, where half the sulphuric acid and all the carbon bisulphide required for the manufacture of rayon is produced, several tons of sulphur dioxide escaping to atmosphere daily.

CONCENTRATION OF SMOKE

(*Measured as milligrams per* 100 *cubic metres of air*)

	1950–1	1951–2	1952–3	1953–4	1954–5
Regent Road	50	45	60	48	44

CONCENTRATION OF SULPHUR DIOXIDE

(*The units are milligrams of sulphur compounds, counted as sulphur trioxide, fixed per day per* 100 *sq. cm. of standard lead peroxide exposed in a standard louvred box*).

Salford.	1950–1	1951–2	1952–3	1953–4	1954–5
Ladywell Hospital ...	2·8	2·3	2·1	3·0	3·1
Regent Road	4·0	3·6	3·0	4·1	4·6
Trafford Park.					
M.V. Moseley Rd. Works	6·9	5·4	3·6	8·8	9·0
M.V. West Works ...	4·4	4·0	2·6	6·8	7·0

Industrial Black Smoke Nuisances.

Complaints	10
Observations carried out	834
Black smoke emissions recorded :	
Up to 2 minutes aggregate per observation	126
From 2 to 4 minutes „ „	53
„ 4 „ 10 „ „ „ „	26
Over 10 „ „ „ „	7
Observation Notices served	82
Abatement Notices „	11
„ „ complied with	7*
Inspections of furnace plant	46
Advisory visits	53

*Four notices still outstanding on December 31st.

NUISANCES FROM INDUSTRIAL SMOKE-NOT-BLACK.

Complaints	18
Observations	15
Nuisances detected	11
Abatement Notices served	3
„ „ complied with	3
Inspections of furnace plant	8
Advisory visits	7

GRIT, ASH AND DUST EMISSIONS.

Complaints	3
Nuisances detected	2
Observations and investigations	8
Abatement Notices served	—
„ „ complied with	—

PRIOR APPROVAL OF STEAM GENERATING, ETC., FURNACES.

Details of three proposed new furnace installations were received during the year. All were approved.

Three furnaces were installed without official approval but with the full knowledge and advice of the department.

REGISTERED FOOD PREMISES

The following are the number of food premises, by type, registered under Section 14 of the Food and Drugs Act and the numbers of dairies registered under the Milk and Dairies Regulations, 1949, with the number of inspections made in each case :—

	Number Registered	*In-spections*
Butchers Shops manufacturing sausages	116	120
Other Meat Manufacturing Premises	28	17
Fish and Chip Shops	157	111
Dairies	3	58
Bottled Milk Shops	844	673
Ice Cream Manufacturing Premises	8	75
Ice Cream Shops	517	96
	1,673	1,150

In addition it is estimated that there are about 1,500 food shops and other food premises which are not subject to registration.

MILK AND DAIRIES

Salford is now part of a specified area and within the area milk may only be sold if it has a special designation. The special designations are Pasteurised, Sterilised, Tuberculin Tested, Tuberculin Tested (Pasteurised) and Tuberculin Tested (Sterilised).

The bulk of the milk sold in the City is either pasteurised or sterilised with smaller quantities of Tuberculin Tested (Pasteurised). A very small quantity of tuberculin tested milk (i.e., Raw) of Channel Island quality is sold. Milk sold as "Channel Islands" commands a higher price than any other but is required to comply with a standard requiring 4% fat. The term "Channel Islands" means that the cattle are of either Jersey or Guernsey breeds, these breeds being renowned for the high quality and fat content of the milk.

All other milk has a presumptive standard of 3% fat. Milk with a lower fat content is presumed not genuine unless the contrary be proved and unless it is " as it came from the cow."

The special designation Accredited is not now permitted and any licences which were in force expired on 30th September, 1954. The licences for the use of the special designation " Tuberculin Tested " granted after 30th September, 1951 and before 1st October, 1954 are granted for a period of three years. After the expiration of the licence the milk must be produced from an attested herd. This is an excellent step towards ensuring a T.B. free milk supply which may be extended in time to all milk.

Pasteurised milk has now to be bottled or placed in the containers in which it is delivered to the consumer at the premises at which it is pasteurised. This requirement has stopped the bulk sale of milk for bottling elsewhere and has resulted in two establishments in the City giving up bottling. These premises now retail milk bottled at the processing dairy.

The milk regulations now require that milk bottle caps shall overlap the lip of the bottle. All milk sold in the City is now capped in this manner. As bottled milk is sold to the majority of Salford consumers this is a very necessary and desirable improvement which supersedes the unhygienic insert disc type of cap.

Dealers licensed for the sale of bottled milk from shops have shown a further increase during the year from 830 to 844.

The milk supply has been sampled regularly throughout the year, samples being taken at various stages from processing to delivery. The milk samples were submitted to the statutory prescribed tests giving the undermentioned results :—

Test	Milk	Number tested	Passed	failed	% failure
Phosphatase	Pasteurised	413	407	6	1·45%
,, ...	T.T. Pasteurised	132	132	—	
Turbidity	Sterilised	87	87	—	
Methylene Blue ...	Pasteurised	409	408	1	0·24%
,, ...	T.T. Pasteurised	132	132	—	
,, ...	T.T.	7	7	—	
T.B. Inoculation ...	Pasteurised	6	6	—	
,, ...	T.T.	6	6	—	

The above figures show an improvement on the 1953 figures.

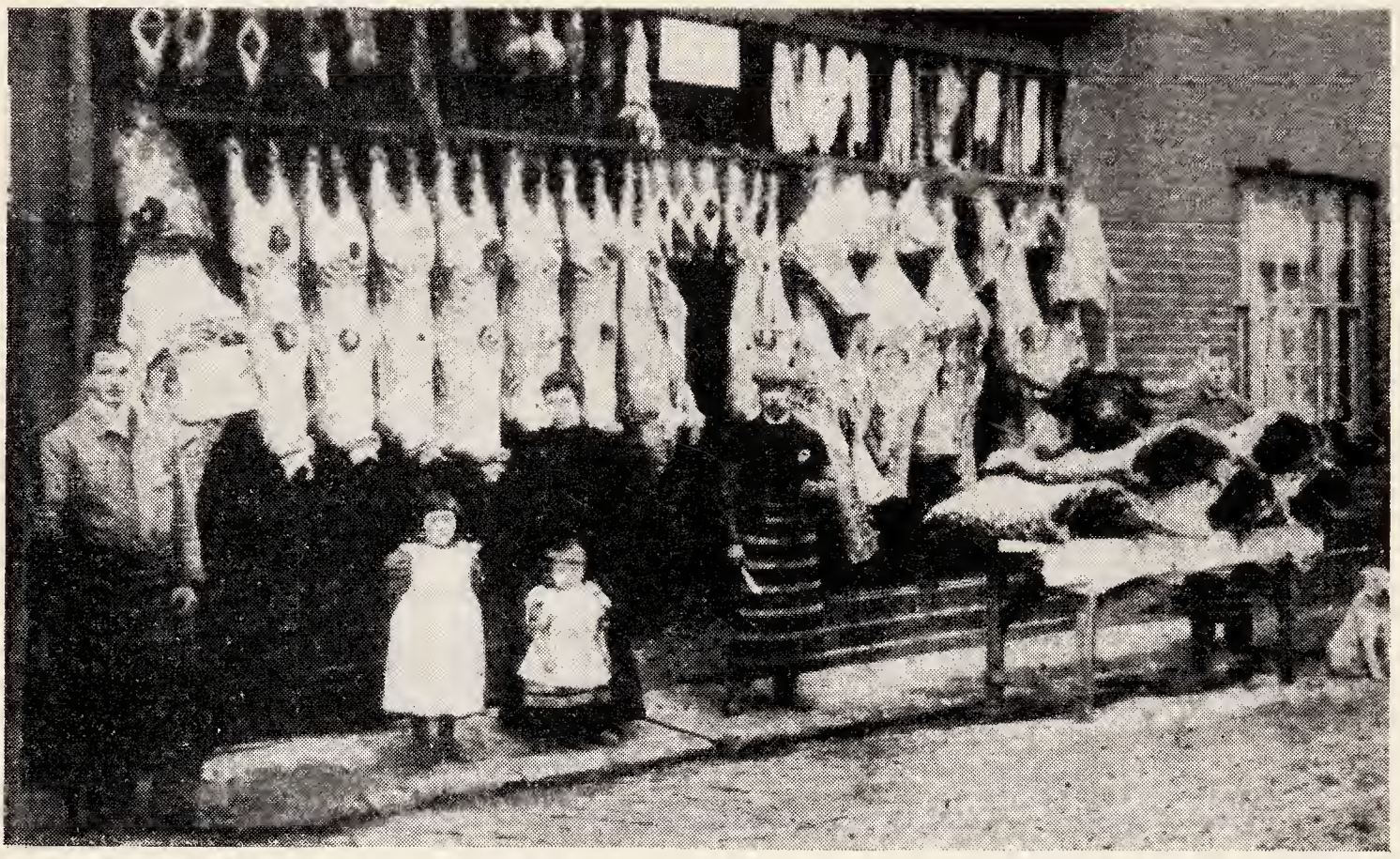
Milk bottles have been taken from washing machines at various premises and tested for cleanliness. The result of testing has been satisfactory.

DISPLAY OF FOODSTUFFS

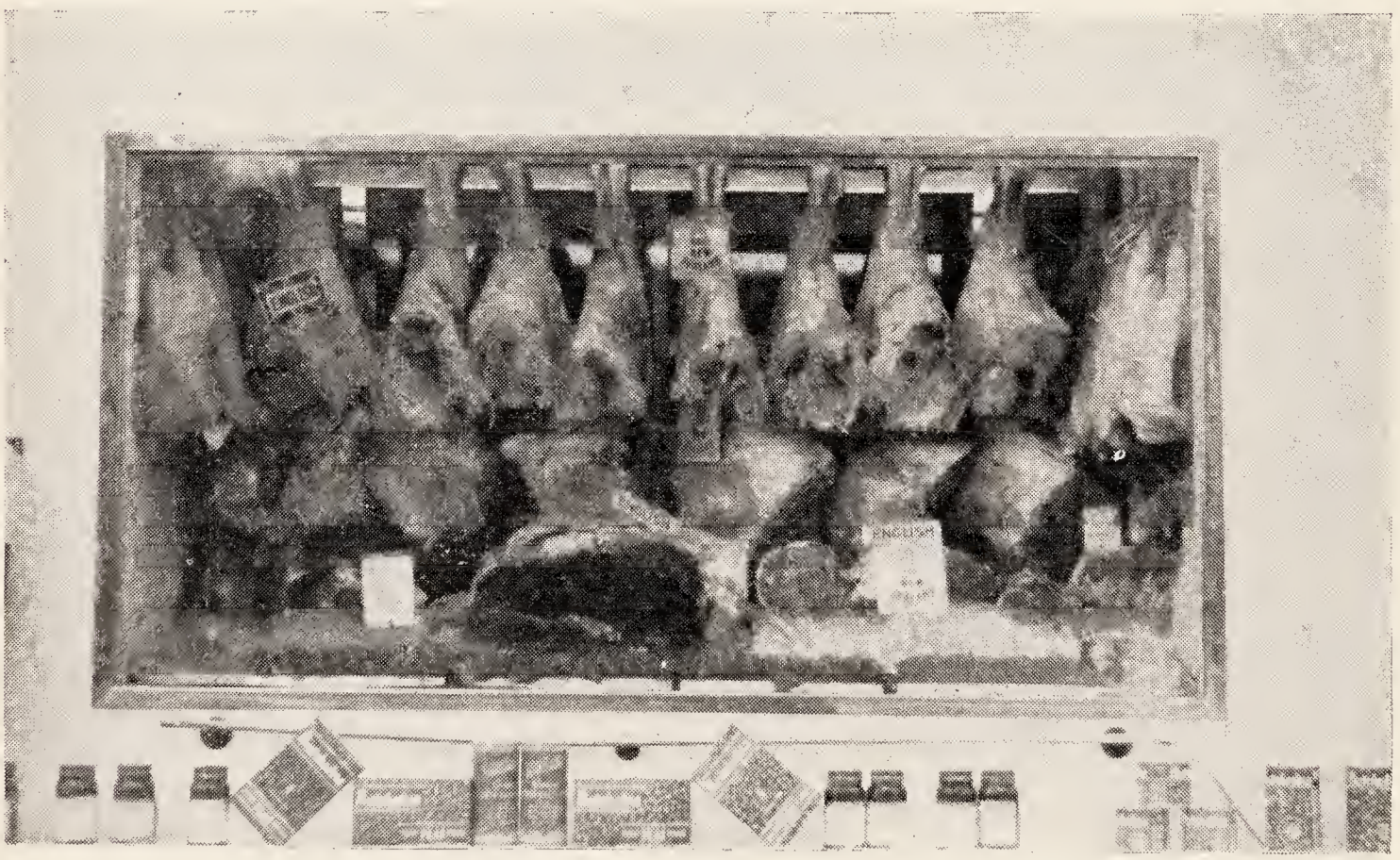
The methods of displaying foodstuffs have shown a considerable improvement and attention to hygiene. It is gratifying to observe that cakes, cooked meats, etc., are now protected from contamination by the public by means of glass show cases. Keeping foodstuffs on the counter under the eye of the public as it were, may accelerate sales but at the same time it is desired to protect the food from the indiscriminate handling which is unfortunately far too common. Glass display cabinets provide the answer to this problem but where rich bacterial media are concerned such as meat and milk products the cabinets should also be refrigerated.

The open fronted types of shop whilst being few in number do not lend themselves to hygienic displays. They are open to aerial contamination from the busy roads as well as from insects and persons.

The following photographs illustrate the progress made in this connection.



Typical Butcher's Shop, 1899.



Modern Display — Refrigerated Window.

ICE CREAM

The number of registrations for the sale of pre-packed ice cream has shown a further increase during the year from 477 to 525. The number of hot mix ice cream manufacturers is now very small and even cold mix ice cream manufacturers are declining in number. There are now only six hot-mix manufacturers left in the City, no doubt the decline is due to the inconvenience of manufacture, the extra labour involved in cleansing and the very stringent provisions of the Ice Cream (Heat Treatment) Regulations, 1947-52.

It is undoubtedly convenient to deal in pre-packed ice cream for after giving an order the shopkeeper has only to store it in the refrigerator at the correct temperature until sold. Further, if a sample is taken and gives unsatisfactory result the dealer can often be absolved from liability for failure of the sample to satisfy the test.

Sampling has taken place all through the year for ice cream is very much an all the year round commodity. One hundred and seventy-three samples have been taken and tested by the methylene blue test with the following results :—

Number of Samples Tested	*Grades*
87	1
37	2
26	3
23	4

The majority of the unsatisfactory samples have been from manufacturers outside the City and in these cases the authorities concerned have been notified when several samples have given unsatisfactory results.

Where failures have arisen from manufacturers within the City the plant has been inspected and production technique explained. Some failures were due to a purchaser taking over a business and manufacturing without any previous experience.

Satisfactory results have been obtained in cases where previous results were unsatisfactory.

SHOPS ACT 1950.

Early-closing and the half-day closing of shops and the restriction of Sunday trading, still form the basis of the leisure hours provided for the people employed in the distributive trade, for both shopkeepers and assistants.

Compulsory closing of shops, for which shopkeepers and shop asisstants fought so long, is still the only restriction on the hours worked, except for assistants under the age of 18 years.

During the year, complaints of contraventions were received from individual shopkeepers and from trade organisations. These complaints were satisfactorily dealt with, the alleged offenders being interviewed and written, and their co-operation obtained.

Confusion still exists owing to the interpretation of terms and phrases in the Act, and this confusion will remain until a new Act is passed abolishing the present ambiguities and anomalies.

The maintenance of amenities required by the Act received attention and in this connection the following action was taken.

Notices issued requiring :—

The maintenance of a reasonable temperature	5
„ „ „ suitable lighting	3
„ „ „ sanitary conveniences	17
„ „ „ washing facilities	9
The provision of seats for female assistants	3

All these Notices were subsequently abated.

DISINFESTATION SERVICE

The disinfestation service continues to flourish. This year there was a total of 1,455 disinfestations as compared with 1,003 last year.

D.D.T. formulations were used and still appear to be very effective despite the recent theory on " fly immunity."

PUBLIC TOILETS

In the City there are 21 public toilets for males, 4 of which are staffed, and 5 toilets for females, 4 of which are also staffed.

In each of the staffed toilets there is provision for hand washing and drying, free of charge. Considering the many letters in the newspapers with regard to the charges for personal washing in public toilets in various towns, it is interesting to note that it is now 10 years since a free service was inaugurated in Salford. During this period increasing use has been made of these facilities, including the use of the electric hand dryers, and little or no trouble has been experienced with these machines.

Handwashing — Free of Charge.

FOOD POISONING

SUMMARY OF FOOD POISONING OUTBREAKS, 1954

Total Number of Outbreaks	Number of Cases	Number of deaths	Organisms or other agents responsible	Foods involved
2	115	Nil	1. Staph. Aureous 2. Cl. Welchii	Tongue, Soup, Lamb.

WATER

The water supply is obtained from the Manchester Corporation's reservoirs at Longdendale and Thirlmere. In general, the supply has been satisfactory in quantity and quality. For further details relating to quality see the City Analyst's report.

All dwellinghouses in the City have a piped water supply.

There are 50,881 dwellinghouses in the City and the population is 173,900 (Registrar-General's estimate at mid-year 1953).

STATISTICS

The following tables are included to give some idea of the nature and extent of the work carried out during 1954 as compared with 1953 and 1952 (See commentary on page 29).

Nature of Inspection	*Year* 1952	*Year* 1953	*Year* 1954
Sanitary defects (roofs, gutters, drains, etc.) under Public Health and Housing Acts	37,682	33,704	28,043
Sublet houses	619	1,054	453
Seamen's lodging houses	59	21	27
Common lodging houses	42	34	20
Caravans	—	1	2
Canal boats	5	11	9
Factories with power	622	656	200
Factories without power	60	43	13
Workplaces	57	33	8
Outworkers' premises	27	115	6
Shops Act Inspections	955	711	790
Schools	8	8	—
Cinemas and Theatres	69	54	29
Public conveniences	636	720	720
Stables	19	21	2
Piggeries	22	21	4
Pet Shops...	6	47	30
Disease of Animals Act inspections	14	7	15
Dairies	111	117	58
Food shops	3,087	2,187	882
Food stalls and vehicles	882	1,776	382
Food manufacturing premises	806	519	251
Restaurants and snack bars	641	345	156
Canteens (factories, schools, etc.)	1,624	183	113
Unsound food	628	820	560
Food samples and others	2,128	2,124	2,260
Infectious diseases	711	786	1,137
Food poisoning	155	127	403
Smoke observations	723	1,041	759
Offensive Trades	6	—	—
Disinfestations	1,373	1,507	1,571
Miscellaneous	8,378	4,612	4,675
Housing Act inspections (Section 11)	294	157	160
Housing Act inspections (clearance areas)	434	1,462	309
	62,883	55,024	44,047
List of Samples Taken			
Food and Drugs Act samples other than milk	312	364	283
Milk for Phosphatase Test	461	514	545
Milk for Methylene Blue Test	335	510	524
Milk for Fats and Solids-not-Fats, etc.	1,088	1,047	1,139
Milk for Turbidity Test	121	101	86
Ice-Cream...	180	125	171
Fertiliser and Feeding Stuffs Act samples	11	16	10
Pharmacy and Poisons Act Samples	5	6	—
Water supply samples	27	28	28
Swimming bath water samples	76	66	58
Rag flock samples	3	7	8
	2,619	2,784	2,852
Complaints and Notices			
Complaints received	7,400	6,108	6,634
Statutory Notices issued	3,635	2,906	1,748
Statutory Notices abated	5,398	3,064	2,025
Intimation Notices issued	4,860	3,964	4,488
Intimation Notices abated	2,663	2,815	2,257

FACTORIES ACT, 1937

1. Inspections for purposes of provisions as to Health.

Premises	No. on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authorities	120	13	Nil	Nil
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	1062	200	11	Nil
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)... ...	Nil	Nil	Nil	Nil
Total ...	1182	213	11	Nil

2. Cases in which Defects were found.

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector
Want of cleanliness (S.1)	2	1		
Overcrowding (S.2)				
Unreasonable temperature (S.3)				
Inadequate ventilation (S.4)				
Ineffective drainage of floors (S.6)				
Sanitary conveniences (S.7) :—				
(*a*) Insufficient	6	2		
(*b*) Unsuitable or defective	22	19		12
(*c*) Not separate for sexes				
Other offences against the Act (not including offences relating to out-work)	2	1	2	
Total ...	32	23	2	12

OUTWORKERS

SECTION 110 :

Number of outworkers in August list required by Section 110 (1)	432
Nature of work : Making, etc. of wearing apparel	198
„ „ „ brass and brass articles	234
Number of cases of default in sending list to Council	Nil
„ „ prosecutions for failure to supply list	Nil

SECTION 111 :

Number of instances of work in unwholesome premises	Nil
„ „ notices served	Nil
„ „ prosecutions in respect of outworkers' premises	Nil

Cases Heard before the Magistrates

Offence	No. of Cases	Decision of Magistrate
PUBLIC HEALTH ACT, 1936:	157	136 Nuisance Orders.
1. For failing to comply with the requirements of notices under Section 93 of the Act to remedy nuisances at dwellinghouses		10 Withdrawn. Adjourned sine die. 5 Dismissed.
2. For failure to comply with a Court Order to abate black smoke emission	1	Fined £6 0s. 0d.
FOOD AND DRUGS ACT, 1938:	1	
1. For consigning into Salford, six churns of milk which contained extraneous water...		Fined £10 0s. 0d. with £3 3s. 0d. costs.
2. Applying a false label ("Dairy Cream Ices") to ice-cream, the fat content of which was 9·7% and not more than 2% was milk fat.	1	Fined £10 0s. 0d. with £10 10s. 0d. costs.

UNSOUND FOOD

The following articles were condemned during the year as unfit for human consumption :—

Meat (canned)	7,886
Fruit (canned)	6,492
Vegetables (canned)	1,569
Soups (canned)	207
Milk (canned)	1,404
Fish (canned)	118
Uncooked Meat	4,256
Bacon	828
Cheese	3,776
Cereals	51
Butter	40
Jams	16
Dried Eggs	40
Hams	1,875
Sugar	15
Liquid Eggs	956
Frozen Eggs	566
Miscellaneous	58
Total	30,153 lbs.

The disposal of unsound food at the present time entails the use of a van on two half-days each week for collection purposes and a food inspector engaged practically full-time issuing certificates and arranging for disposal of the food. It is felt that most of the differences between the parties concerned could be settled by negotiation without the issuing of certificates and that unsound food not intended for sale could be disposed of in the ordinary way as trade refuse. There is a charge for the burning of trade refuse at the Cleansing Department and it is thought that many wholesalers and retailers are calling in the food inspector merely to avoid disposal charges. Others use the certificates as a means of writing off stock records.

Staff shortages have dictated that there shall be some modification of this procedure, which has no legal significance and is evidently open to abuse.

It is therefore proposed to institure the following system :—

1. The present system of *free collection and certification* of unsound food to be discontinued.

2. Wholesalers and retailers who wish to have food destroyed may do so at the Cleansing Department, Wilburn Street, Salford. A charge will be made for this service.

3. If a Condemnation Certificate is required a request should be made at the time of delivery to the Cleansing Yard and a list supplied giving particulars of the goods for which a certificate is required.

It is hoped by this means to cut down this type of work to pre-war level now that " the points scheme " and rationing are no longer with us.

COMMENTARY ON STATISTICAL TABLES

It will be seen that there is a considerable reduction in the work this year as compared with 1953 and 1952. As compared with 1952 the total inspections are down by 18,836 which represents almost 30 per cent of the normal work. Routine inspections have suffered most, particularly of food premises, and in consequence there has been a noticeable decline in standards. It was deemed advisable to keep a firm control of the milk supply at all costs and the sampling figures do not show any appreciable difference. In order to placate the public, priority has been given to complaints. These have not varied much. The marked decline in statutory notices issued and abated as compared with informal notices no doubt indicates a superficial handling of the work. This is a great grief to us as we have always prided ourselves in this City on the thoroughness of our work.

The explanation for these short-comings is well known, and it is no use labouring the point in a report of this kind. Fortunately at the time of writing the prospect is a little brighter and we have had a few new recruits who come and go as they gain confidence and experience at our expense. Nevertheless, they are better than none at all and we are pleased to see some movement in the labour market even though it is not as we would have it under normal conditions. Staff has changed so much and so rapidly that it is not possible to give a reliable staffing figure for the year, but we are still well below our full establishment.

It has been said that the labourer is worthy of his hire but it is felt that the only permanent solution to this staff problem is that the hire should be worthy of the labourer.

HOME SAFETY COMMITTEE

President ;
THE MAYORESS.

Chairman ;
MRS. H. SOUTHERN.

Hon. Treasurer;
R. CARTER, Esq.

Hon. Secretary ;
RONALD COOKE,
143, Regent Road, Salford, 5.

This Committee is composed of representatives of various organisations interested in Social Welfare such as Parent-Teachers Associations, Women's Co-operative Societies, Religious and Political Associations, Boy Scouts the Women's Voluntary Service and the Health Department.

Its purpose is to reduce the appalling number of home accidents which in so many cases are due to carelessness, to lack of appreciation of danger and to a lack of sense of responsibility towards " old people " and " young children."

The Committee maintained its activities to reduce accidents in homes.

The members of the panel of speakers addressed meetings organised by churches, " over 60 clubs," Boy Scouts and Clinics in the City and extended their crusade by responding to requests from Droylsden, Openshaw and Southport.

Contact was also made with the public by the Press and warnings and appeals were issued in connection with occasions such as November 5th and Christmas Day when extra precaution should be taken. An example of this is the following advertisement which was inserted in the local newspaper for two weeks in December :—

A HAPPY CHRISTMAS
from
THE SALFORD HOME SAFETY COMMITTEE

DON'T LET A DAY OF JOY BE
TURNED INTO A DAY OF SADNESS

All types of fires should be guarded where there are children, aged or frail people.

Be careful about the Christmas Tree and the decorations and Toys which are inflammable.

If candles are used, see that they are safe. Keep paper decorations away from fires and lights.

THINK FOR THE YOUNG - - THINK OF THE OLD

The work of the Committee is carried on by means of donations and subscriptions, and the Secretary will arrange for speakers on the request of any organisation. (No fee is charged).

Any donations should be sent to the Treasurer and any requests or suggestions to the Secretary.

CITY ANALYST'S REPORT

SUMMARY OF SAMPLES

Food and Drugs Act Samples from the City of Salford	1,422
Tests on Heat-Treated Milks	86
Fertilisers and Feeding Stuffs Act Samples	10
Pharmacy and Poisons Act Samples	4
Waters (including Swimming Bath Waters)	85
Contract Samples examined for the Purchasing Committee	144
Miscellaneous Samples	41
Tests connected with Investigations of Atmospheric Pollution	911
TOTAL	2,703
Samples from the Borough of Eccles	191
" " " " " Stretford	180
" " " " " Sale	14
GRAND TOTAL	3,088

FOOD AND DRUGS ACT, 1938

The following table summarises the samples taken under the Food and Drugs Act, 1938, and the Defence (Sale of Food) Regulations, 1943.

The percentage of adulteration was 5·3 as against the figure of 3·7 for 1953.

TABLE 1.

FOODS.

Samples.	Number examined.	Number adulterated or otherwise giving rise to irregularity.		Per cent. adulteration.
		Preservatives only.	Other ways.	
Milk	1,139	...	54	4·7
Almonds, Ground	2	...	...	...
Apricots, Dried	2	...	...	...
Baking Powder	1	...	...	...
Barley, Pearl	8	...	...	...
Beans in Tomato Sauce	7	...	...	...
Butter Tray Toffee	1	...	1	100·0
Cakes, Eccles	2	...	...	...
Cheese	2	...	...	...
Cheese, Processed Gorgonzola	1	...	...	...
Cheese Spread	4	...	...	...
Chocolate, Plain	1	...	...	...
Cinnamon, Ground	1	...	...	...

TABLE 1—*Continued.*

Samples.	Number examined.	Number adulterated or otherwise giving rise to irregularity.		Per cent. adulteration.
		Preservatives only.	Other ways.	
Cocoa	2	...	...	...
Coconut, Sugared	1	...	...	...
Coffee	2	...	...	...
Coffee and Chicory	3	...	...	...
Coffee Flavoured Beverage	1	...	...	...
Cooking Fat	2	...	...	...
Corned Beef	1	...	...	...
Corned Beef with Cereal	1	...	...	...
Crab, Tinned Dressed	2	...	...	...
Cream, Tinned Dairy	1	...	...	...
Currants	2	...	...	...
Dairy Cream Ice-Cream	1	...	1	100·0
Energy Tablets	1	...	...	...
Fish, Tinned	6	...	...	...
Flour, Plain	2	...	...	...
Flour, Self-Raising	10	...	...	...
Foam Crystals	1	...	...	...
Food Drink	1	...	...	...
Fruit Squash	2	...	...	...
Ginger, Ground	3	...	...	...
Golden Raising Powder	1	...	...	...
Gravy Browning	2	...	...	...
Ice-Cream	12	...	1	8·3
Ice Lollies	4	...	...	...
Jam	8	...	...	...
Jelly	3	...	...	...
Lard	4	...	...	...
Margarine	16	...	...	...
Marmalade	5	...	...	...
Mayonnaise	1	...	...	...
Milk, Condensed	11	...	1	9·1
Mincemeat	3	...	...	...
Mint Cubes	1	...	...	...
Non-Brewed Condiment	3	...	...	...
Oranges	9	...	3	33·3
Orange Crush, Morning	1	...	1	100·0
Orange Lollipops	1	...	...	...
Paste, Meat	2	...	...	...
Pears	3	...	...	...
Peas, Tinned Processed	7	...	...	...
Pepper, White	2	...	...	...
Pork Sausage with Beans in Tomato Sauce	2	...	...	...
Potted Beef	1	...	...	...
Rice, Ground	1	...	...	...
Saccharin Tablets	3	...	...	...
Sage and Onion Stuffing	1	...	...	...
Salad Cream	4	...	...	...
Sausage, Beef	14	4	...	28·6
Sausage, Pork	13	...	1	7·7
Sausages, Tinned	1	...	...	...
Soup, Dried	4	...	...	...
Soup, Tinned	2	...	...	...
Starch-Reduced Breakfast Flakes	1	...	...	...
Steak and Gravy, Tinned Stewed	1	...	...	...
Strained Food, Tinned	2	...	...	...
Suet, Beef	7	...	...	...
Sugar, Demerara	2	...	...	...

TABLE 1—*Continued.*

Samples.	Number examined.	Number adulterated or otherwise giving rise to irregularity.		Per cent. adulteration.
		Preservatives only.	Other ways.	
Sultanas	2	...	...	...
Tea	7	...	...	...
Toffee	1	...	...	...
Tomatoes, Tinned	3	...	...	...
Tomato Ketchup	2	...	...	...
Tomato Puree, Condensed	1	...	...	...
Treacle, Table	1	...	...	...
Vinegar, Malt	2	...	...	...
Whipping Compound	1	...	...	...
Yeast	1	...	...	...
TOTAL FOODS	1,395	4	63	4·8
DRUGS.				
Bicarbonate of Soda	1	...	...	...
Camphorated Oil	3	...	...	...
Epsom Salts	1	...	...	...
Epsom Salts, Dried	1	...	...	...
Flowers of Sulphur and Treacle	1	...	...	...
Glauber's Salts	1	...	...	...
Glauber's Salts, Dried	1	...	...	...
Halibut Liver Oil Capsules	2	...	...	...
Hand Cream	2	...	...	...
Headache Powders	2	...	...	...
Malt Extract with Cod Liver Oil	4	...	1	25·0
Malt Extract with Cod Liver Oil and Parrish's Food B.P.	1	...	1	100·0
Massage Cream	1	...	...	...
Rochelle Salt	2	...	...	...
Sulphur Tablets	1	...	...	...
Sulphur and Yeast Tablets	1	...	...	...
Syrup of Figs	2	...	...	...
TOTAL DRUGS	27	...	2	7·4
TOTAL FOODS AND DRUGS	1,422	4	65	4·9

Milk.

The average composition of the 1,139 samples analysed was as follows, the corresponding figures for the previous five years being given for comparison :—

	1949	1950	1951	1952	1953	1954	*Minimum requirements.*
Fat %	3·49	3·51	3·57	3·53	3·52	3·61	3·00
Non-fatty Solids %	8·76	8·75	8·70	8·68	8·73	8·71	8·50
Total Solids %	12·25	12·26	12·27	12·21	12·25	12·32	11·50

Of the 1,139 samples analysed, 54 (4·7%) were unsatisfactory. Of these, 45 were fat deficient and 9 were deficient in non-fatty solids due to the presence of extraneous water. The greatest fat deficiency was 26·6%, and the greatest proportion of added water found was 10·6%.

When milks were found to be deficient in fat further samples taken formally were procured, and, if the deficiencies persisted, the farms supplying these milks were visited and "Appeal to Cow" samples taken whilst the milking procedure was under observation. It was found in all cases that the herds were yielding milk of a fat content below the presumptive minimum limit of 3·00% of the Sale of Milk Regulations, 1939.

Consequently, since the milk was as it came from the herd, *i.e.*, nothing was added or abstracted, prosecutions could not be taken, and all that could be done was to write to the farmers concerned and ask them to seek the advice of their local Agricultural Advisory Service with a view to improving the quality of their milk yields.

The milks which were found to be deficient in non-fatty solids for the most part contained only very small amounts of extraneous water and these offences were dealt with by warning the suppliers concerned to take more care in ensuring that water does not gain access to their milk.

In only one case was a prosecution undertaken, but here the amount of added water present was such that the offence could not be dealt with by warning the supplier. Six formal samples representing the whole of a farmer's consignment of milk in course of delivery to a City dairy were found on analysis to be 10·0%, 5·2%, 9·5%, 6·9%, 10·6% and 4·2% deficient in non-fatty solids when compared with the minimum presumptive limit of 8·50% of the Sale of Milk Regulations, 1939. Freezing point determinations showed these deficiencies to be due to the presence of extraneous water. The farm was visited and "Appeal to Cow" samples taken, which, on analysis, were found to consist of milk satisfying the above Regulations. The cooler, on inspection, was found to be leaking, thus accounting for the presence of extraneous water in the milk. Legal proceedings were instituted and, at the hearing before the Stipendiary Magistrate, the defendant was fined £10 and 3 guineas costs.

In addition to the above irregular samples a further 31 milks were found, on analysis, to be deficient in non-fatty solids. In these cases, freezing point tests showed no extraneous water to be present, the milk being poor in quality. No means exists at present of enforcing these producers to supply milk satisfying the Sale of Milk Regulations, 1939, with the result that the work of the Public Analyst can only be turned to good account when definite adulteration can be proved, although the purchaser is being prejudiced just as much as if the milk contained added water.

Sausage.

The Meat Products Order, 1952, required beef sausage and pork sausage to have minimum meat contents of 50% and 65% respectively. On 1st March, 1953, the above Order was revoked and replaced by the Offals in Meat Products Order, 1953, which only prohibited the use of certain offals in the preparation of uncooked open meat products. In this latter Order no standards of meat contents for sausages or canned meat products are prescribed.

Since sausage can vary so widely in price and meat content it is necessary in the interests of the consumer that minimum standards of composition should be fixed, and by legal ruling the undisputed evidence of the Public Analyst should be accepted and acted on (Broughton v. Whittaker, [1944]. K.B. 269). As a result of many analyses I am of the opinion that the above stated minimum meat contents for beef and pork sausages should be adhered to. Opinion throughout the country supports this contention and manufacturers in this City have been notified of the department's intention to enforce this minimum standard.

Twenty-seven samples of sausage have been analysed during the year, and only one, a pork sausage, was 18·3% deficient in meat content when compared with the 65% minimum stated above. In this case the butcher was interviewed and gave a written assurance that in future his sausages would conform with the above standards.

Although the Public Health (Preservatives, etc., in Food) Regulations has been on the statute book for many years its requirements as regards sausages are often overlooked. Sausages, if containing preservative, must be labelled to this effect or alternatively a notice must be conspicuously placed in the place of sale so that any purchaser would know that preservative was present. Analysis showed four samples to contain undeclared preservative and the vendors were warned that legal action would be taken if they continued to disregard the above Order.

Frozen Confectionery.

The Food Standards (Ice-Cream) Order, 1953, remained in force throughout the year under review. It requires ice-cream to contain not less than 5% fat, 10% sugar, and 7·5% milk solids other than fat. I am of the opinion that these minimum quantities could now be increased, since most of the products on sale were of considerably better composition than the above Order requires. Only one sample was unsatisfactory, being 9·3% deficient in milk solids other than fat. Enquiries showed that an error had occurred in the mixing and no further deficiency has since been found.

Ice lollies still remain a somewhat nebulous frozen coloured flavoured sugar solution, the sugar content varying widely with no relationship to their price. Since metal moulds are often used in their manufacture, in the absence of standards of composition, analysis is mainly devoted to testing them for metallic contamination, particularly for their lead content. All the samples analysed were satisfactory in this respect, due mainly to the larger manufacturers using aluminium or plastic moulds.

Oranges.

The Ministry of Food, in Circular M.F. 2/54, drew attention to the possible use by certain orange growers of thiourea, and of fungicides containing thiourea, as a rot and mould suppressant. Thiourea can penetrate the skin of citrus fruits and find its way into the juice. Experiments in the United States had shown that this chemical was lethal to some animals in very low concentrations. Its use is therefore open to strong objections on grounds of toxicity. The Ministry advised that thiourea should fall within the definition of " Preservative," contained in the Preservatives in Food Regulations, and that the sale of any article of food containing thiourea would be a contravention of these Regulations, since no provision exists therein permitting its addition to food.

Four informal samples of oranges were at first submitted for test, and, of these, one contained thiourea to the extent of 15·0 parts per million. Further samples taken both formally and informally were analysed, and one informal and one formal sample were found to contain 17·0 and 11·5 parts per million of thiourea respectively.

Legal proceedings were instituted in respect of the formal sample. At the hearing, due to the non-appearance of a witness required by the prosecution to prove the sale of the oranges from the importer to the wholesaler, the Stipendiary Magistrate refused to grant an adjournment so that the witness could be sub-poened and dismissed the case.

Labelling of Food.

Before the start of the 1939 war there had already taken place a change, though a gradual one, in the sale of many kinds of foodstuffs. A higher proportion of the total population became concentrated in towns, and a large amount of the town population's food had to be carried in some sort of container from the place of production to the place of consumption. In the " machine age " it was to be expected that more and more food would be wrapped, packed, cartoned, bottled, or canned, with the result that the purchaser had less and less opportunity of examining critically the appearance of food before purchase. Thus statements describing foodstuffs on labels assumed greater importance.

The Labelling of Food Order makes it an offence to falsely or misleadingly describe or advertise any article of food and also requires the ingredients of a compound food to be stated on the label in order of the amount present. The effect of the above Order on the work of the public analyst is considerable since a large proportion of the samples submitted are prepacked. If such samples are submitted informally the public analyst sees the unopened package together with its label stating the ingredients of which it is composed. He is thus presented with the task of examining the sample in relation to the statement, and of reporting any failure to comply with the Order. Where a sampling officer has occasion to procure a formal sample (in which case he has to divide the contents into three parts, one of which is submitted to the public analyst) he must retain possession of the original container with its label, in case the necessity arises of producing it in court. When submitting a formal sample, therefore, sampling officers write on their labels a copy of any statement of ingredients, and in some cases offer the original label to the public analyst for scrutiny.

This aspect of the work of the laboratory is illustrated by the following samples :—

Butter Tray Toffee. Sample No. A.920.

This formal sample bore a label stating that it was made with " the finest rich dairy butter." Analysis showed the product to contain 12·3% of fat, of which 60% was butter fat, *i.e.*, the product contained 7·4% of butter fat. The toffee was thus a good quality product, but it was felt that even so the label was misleading and it was suggested to the manufacturer that the label be amended to read : " the finest rich dairy butter and other pure ingredients." In their reply they agreed to amend the label and sent specimens of them at a later date.

DAIRY CREAM ICE-CREAM. SAMPLE NO. A.829.

This formal sample, on analysis, complied as regards composition with the Food Standards (Ice-Cream) Order, 1953. The wrapper bore the designation " Darykreme Ices," whilst a placard displayed outside the vendor's shop bore the words " Dairy Cream Ices." Analysis revealed the sample to contain 9·7% of fat, of which not more than 2% was butterfat (milk fat), *i.e.*, the product contained not more than 0·2% of butterfat.

It is my contention that the label supplied with this product is misleading, whilst the advertising is false. I am also of the opinion that the old argument that the public would not expect dairy cream or butter in present day ices is no longer tenable due to the abolition of rationing. Whilst on the surface this case may seem to be only of academic interest, it really is of great importance since the description, advertisement, and labelling of foodstuffs is often more important than their composition. Furthermore, one wonders what description would be left for a manufacturer who really did include dairy products in his ice-cream if the above state of affairs was left to pass unnoticed.

The manufacturers were summoned for applying a false advertisement to their ice-cream and, at the hearing before the Stipendiary Magistrate, who gave a considered judgment to the effect that the description was false, they were fined £10 and 10 guineas in costs.

MORNING ORANGE CRUSH. SAMPLE NO. B.3657.

This informal sample was found, on analysis, to be similar in composition to the orange drinks on sale in the City, containing about 10% of orange juice. In my opinion the above designation would indicate to a purchaser that crushed oranges were the sole ingredient. The manufacturer was interviewed and he agreed to delete the word " crush," and, in addition, to include the words " ready to drink." This, in my opinion, would be a fairer description since the fact that it was ready to drink without dilution would imply that it had already been diluted and would contain a substantial amount of water. This agreement has been confirmed by the manufacturer in writing.

EXTRACT OF MALT AND COD LIVER OIL. SAMPLE NO. B.3564.

This informal sample bore a label stating that it contained 15% of cod liver oil. Analysis showed this sample to contain 10% weight in weight of cod liver oil, which is also the standard required by the British Pharmacopœia. If, however, the oil percentage is expressed in terms of volume per volume the above statement would be correct. The pharmacist has been interviewed and pointed out this anomaly to his suppliers. In my opinion the label should state clearly whether the percentage of oil is in weight per weight or volume per volume since the above label could lead a purchaser to believe that he is getting a product 50% richer in oil than is usually retailed, whereas he is only being sold the normal product.

OTHER ANALYSES

Fertilisers and Feeding Stuffs.

In addition to work carried out under the Food and Drugs and related Acts the Public Analyst is also the Official Agricultural Analyst for the County Borough. Four feeding stuffs and six fertilisers were examined, the feeding stuffs and all but one of the fertilisers complying with the requirements of the Fertilisers and Feeding Stuffs Regulations, 1932.

Drinking Water.

Routine sampling of the City's domestic water supply is undertaken at two different points at monthly intervals in order to ascertain that its chemical composition is satisfactory. Apart from one sample containing an excessive quantity of iron compounds, which is sometimes precipitated as a flocculent brown deposit leading many people into believing that the water is dirty, the remaining samples were satisfactory. Two special samples were analysed specifically for their fluorine content which has a special significance in relation to the enamel of teeth, particularly of children.

Swimming Bath Waters.

At all the public swimming baths in the City the water is subjected to chlorination to ensure the absence of micro-organisms of water-borne diseases, and samples from the various baths are regularly submitted to this laboratory. Fifty-eight were submitted during the year and only three were somewhat underchlorinated, although in some cases the chlorine contents seemed excessive in my opinion, but in the absence of complaints from bathers no exception need be taken at this somewhat heavy chlorination.

Contract Samples Submitted by the Purchasing Committee.

One hundred and forty-four samples were analysed during the year under review, ranging from foodstuffs such as cocoa, meat extracts, preserves, custard powder, etc., to commodities typified by soaps, polishes, turpentine substitute, etc. Most of the advertisements asking for tenders to be submitted to the Corporation set out specifications which are drafted by this section to ensure that articles of a satisfactory standard only are asked for.

Miscellaneous Samples.

Forty-one miscellaneous samples were submitted for analysis, chiefly from the Health Department, and consisted in the main of a variety of canned foods which it was deemed wise to test either for metallic content or general wholesomeness before releasing them for consumption.

Samples from Neighbouring Authorities.

The City Analyst also acts as Public Analyst for the Boroughs of Eccles and Stretford. During the year, 161 samples were received from Eccles, 180 from Stretford, and, in addition, 14 from the Borough of Sale. Fees totalling £513 have been received by the City Treasurer in respect of this work.

ATMOSPHERIC POLLUTION

The work has been continued throughout the year, observations having been made at four stations, *viz.* : Salford Broughton Modern School ; Salford Ladywell Hospital ; Salford Northern Cemetery ; and Salford, Park Lane, Kersal ; in connection with the deposit gauges, and at Salford, Regent Road, and Salford Ladywell Hospital with regard to determining the sulphur dioxide content of the air, using the sulphur candle lead-peroxide method. The average results are recorded in the following tables :—

DEPOSIT GAUGES.

Site.	Average monthly deposit in tons per square mile.
Broughton Modern School	20·12
Ladywell Hospital	32·97
Northern Cemetery	28·45
Park Lane, Kersal	16·54

LEAD PEROXIDE METHOD.

Site.	Average daily sulphur pollution as mgms. of SO_3 per 100 sq. cm. of surface exposed.
Regent Road	4·42
Ladywell Hospital	2·90

In addition to the foregoing analyses the daily measurements of smoke and sulphur dioxide contents of the air at Regent Road, which is about the most heavily polluted area of the City, have been continued, the accompanying table summarising the results obtained :—

1954.	SMOKE.		SULPHUR DIOXIDE.	
	Milligrams per cubic metre.		Volumes per million volumes of air.	
	Daily average.	Highest daily average.	Daily average.	Highest daily average.
January	0·55	1·14	0·244	0·649
February	0·69	1·45	0·231	0·513
March	0·51	1·18	0·174	0·466
April	0·40	0·95	0·135	0·245
May	0·33	0·74	0·114	0·218
June	0·24	0·38	0·078	0·129
July	0·22	0·28	0·079	0·117
August	0·28	0·37	0·081	0·120
September	0·33	0·58	0·090	0·145
October	0·38	0·75	0·115	0·226
November	0·63	1·61	0·188	0·589
December	0·52	1·02	0·145	0·240
Mean	0·42	...	0·140	...

All the above measurements are carried out in accordance with specified methods drawn up by the Atmospheric Pollution Research Branch of the Fuel Research Station, operating under the Department of Scientific and Industrial Research. For this purpose the City acts as one of the " co-operating bodies " who have agreed, as part of their contribution to the cost of studying a vital health problem, to maintain apparatus, supply services of analysts, and report results to the " Superintendent of Observations " who is responsible for publishing collected results from all co-operating bodies in the "Atmospheric Pollution Research Bulletin."

CARE OF MOTHERS AND YOUNG CHILDREN, DOMICILIARY MIDWIFERY SERVICE, HEALTH VISITING, HOME NURSING, Etc.

Statistics

Birth Rate. The total number of births again shows a decline from that of the previous year—2,940, as compared with 3,069 in 1953. This is the first time since 1942 that the births have been under 3,000. One thousand, seven hundred and forty (59·2%) of the births occurred in hospital and one thousand, two hundred were domiciliary.

Stillbirths. The number of stillbirths shows a reduction this year of 19 from that of 1953, which was 92. The Stillbirth Rate is 24·83.

Infant Deaths. The infant death rate again is the lowest on record, being 30·35. Of the 87 infants who died, 57 (65·5%) died during the first month of life—the Neo-natal Death Rate being 19·53. Again the principal causes of deaths were prematurity (28), respiratory diseases (20), and congenital defects and debility (24). There was only one death from gastro-enteritis. Twenty-seven of the neo-natal deaths were certified as being due to prematurity, eighteen to congenital defects and debility and four to respiratory diseases.

Maternal Deaths. Four deaths occurred among the mothers of Salford from causes associated with pregnancy or childbirth. These were as follows :—

(1) I (*a*) Cerebral embolism.
(*b*) Sub-acute bacterial endocarditis.
(*c*) Mitral stenosis.
II Pregnancy.
(2) I (*a*) Acute hepatic insufficiency associated with pregnancy.
(3) I (*a*) Shock.
(*b*) Hæmorrhage.
(*c*) Ruptured ectopic gestation.
(4) I (*a*) Pulmonary embolism associated with pregnancy.

SUPERVISION OF MIDWIVES

(Midwives Act, 1951)

In accordance with the provisions of the above Act, 70 midwives notified their intention to practise as such—39 from hospital, 29 from the municipal service, and two from midwives in private practise. One midwife notified her intention to practise as a maternity nurse.

Other notifications received from midwives are set out in the table below :—

Miscellaneous Notifications.

Notification	Hospital	Municipal	Private Practice	Total
2. Stillbirth	Not required	10	...	10
3. Death	,, ,,	7 infants	...	7 infants
4. Laying out of dead body ...	,, ,,	15	...	15
5. Infection	,, ,,	31	...	31
6. Artificial feeding	104	105	...	209
7. Medical aid	,, ,,	635	...	635

DOMICILIARY MIDWIFERY SERVICE

A lower birth rate in the City for 1954 has resulted in fewer domiciliary births, but this has been in proportion to the number of hospital deliveries. The tendency towards lower birth rates will continue in all areas where re-housing is such an important factor in the lives of industrial communities —" overspill " into the County area is inevitable and brings a corresponding reduction in the population of the City.

Good liaison between the Hospital Service, General Practitioner Obstetricians and the Municipal Midwifery Service has resulted in mothers being delivered in either the place of their own choice or in the surroundings most suited to their obstetric, medical, or social needs.

Staff shortages continue, and whether the raising of the age limit for candidates for midwifery training will improve recruitment or not remains to be seen.

With the departure of the midwives who formed the nucleus of the Municipal Midwifery Service subsequent to the passing of the Midwives Act 1936, new problems are being experienced. Many recruits to the domiciliary field are young midwives who want *some* district experience before proceeding to other posts or who intend to marry in the near future. The former staff involve frequent changing of personnel and the latter bring their own particular domestic problems, such as maternity leave.

Housing of midwives has been quite a serious problem, but is being overcome by negotiation with the Housing Department and the purchase by the Health Committee of suitable houses in the areas where midwives are needed.

The latter problem has created a greater demand for transport, as midwives have been living long distances from their patients. This has been supplied by the Ambulance Service, often under great difficulty, but the knowledge that such provision has been available has satisfied anxious patients and relatives when they have learned of the long distances which midwives would have to travel when required.

An investigation into the effect on expectant mothers of the Home Confinement Grant, has revealed that so small an amount has made little or no difference to the mother's decision on where to have her baby. Some patients were totally unaware of the availability of the Grant and the majority considered that it was totally inadequate for the extra expense involved by having a baby at home.

Establishment.

Owing to an increasing demand for a third Premature Baby Nurse, there has been a reduction in the establishment for the Midwifery Service from twenty-six to twenty-five practising midwives.

	Present Establishment.	*Staff Situation, 31st December, 1954.*
Non-Medical Supervisor	1	1
Assistant Non-Medical Supervisor	1	1
Approved District Teachers	5	5
Non-Teaching Midwives	20	16
TOTALS	27	23

Absence from duty owing to sickness has shown a reduction from 29½ days per practising midwife to 22, the total number of days being 416 for the whole year. Comparative figures are as follows :—

	Total Sick Leave.	*Average per Midwife.*
1952	340 days	15 days
1953	617 ,,	29½ ,,
1954	416 ,,	22 ,,

As will be observed the total sick leave for 1954 represents more than one midwife's work for the year, and the average sick leave added to the annual holidays means an absence of seven weeks per midwife in the year.

Liaison with Hospitals and General Practitioner Obstetricians.

Periodic meetings between the medical and midwifery staff of the hospital and Health Department have continued to maintain a satisfactory service to the mothers and ensured a mutual understanding of each other's problems.

Another excellent link has been the Specialist Health Visitor who takes every opportunity to notify the Supervisor and staff of the progress of their mothers and babies after admission to hospital.

Although nothing dramatic appears to have affected the relationship between midwives and general practitioner obstetricians there has been a very definite move towards mutual understanding. Probably one important factor has been the " airing " of both points of view at the meetings of the Obstetric Committee. The old adage " men are never so likely to settle a question rightly as when they discuss it freely " should apply even though midwives are involved !

One general practitioner continues to hold a successful ante-natal clinic in his surgery. Four midwives assist in this work and feel that the time is well spent.

Report on Work of Municipal Midwives

Ante-natal Care.

1. Clinics.

Midwives hold 42 ante-natal clinic sessions per month at six different centres. At only two of these sessions has it been possible to arrange a medical officer's clinic at the same time, but such an arrangement has many advantages for the expectant mother and midwife.

Number of clinic attendances	6,109
,, ,, women who attended	1,671

The attendance of a midwife at a weekly session in a doctor's surgery is additional to the above.

2. Home Visiting.

The number of visits to the expectant mother's home has been greatly reduced this year, mainly because there has been an increase in the attendances at the ante-natal clinics involving less " home care," secondly, because there have been fewer domiciliary bookings to visit, and finally, because the hospital has made fewer requests for the investigation of home conditions.

	1953.	1954.
Number of ante-natal visits	10,827	7,139
,, ,, home investigations	479	419

ANALYSIS OF HOME INVESTIGATIONS.

Home Conditions	Booked	Not Booked	No Report	Total
Good	31	88	21	140
Bad	129	1	15	145
Fair	80	29	11	120
Others	3	1	10	14
TOTALS	243	119	57	419

3. EXERCISES.

In spite of staffing difficulties the physiotherapists have continued to supply expert instruction in three midwives' ante-natal clinics. Attendance at these classes does much to promote easy labour, but some form of analgesia is required in most cases.

4. MOTHERCRAFT CLASSES.

Mothercraft training is now becoming a marked feature in childbirth. Broadcast talks, newspaper reports, articles in magazines, will, we hope, increase the interest of the expectant mother in these classes.

During 1954 there has been some progress made in this aspect of ante-natal care in Salford. Amicable discussions between health visitors and midwives have taken place, and, although it was agreed that many of the clinic buildings are unsuitable for such classes, four sessions of six weeks' duration have been held at Police Street Clinic in conjunction with midwives' ante-natal clinics and three similar sessions at Langworthy Centre. Both health visitors and midwives have participated in each class and this should go a long way towards demonstrating to the mothers that each has some contribution to make towards the well-being of themselves and their children.

ATTENDANCES.	*Total.*	*Average per class.*
Police Street	179	7·46 (approx.)
Langworthy Centre	164	9·2

The teaching given by midwives consists mainly of short talks covering important subjects, such as changes in pregnancy, diet, hygiene, ante-natal care, relaxation and exercises, preparation for confinement, details of labour, and the lying-in period with particular reference to breast feeding. Visual aids, such as flannelgraphs and film strips have been used to assist this form of teaching.

Practical demonstrations are also arranged and include the making of the layette and care of baby.

The results of this teaching become apparent when the mother is in labour, as she is much better prepared and less apprehensive.

5. BOOKINGS.

Bookings in the Domiciliary Service have declined in proportion to the lower birth rate, and, as mentioned earlier in the report, the payment of a Home Confinement Grant has not influenced mothers towards home confinement.

It is gratifying to note that by the end of the year the Ministry of Pensions and National Insurance were giving consideration to the vexed question of paying the Home Confinement Grant to " domiciliary cases " who, through no fault of their own, were transferred to hospital for delivery and soon afterwards were sent home for domiciliary nursing.

82·35% of the cases booked for home confinement during the year engaged a general practitioner obstetrician for maternity medical services.

Deliveries.

Midwives have continued to deliver the majority of normal cases in the City, as the general practitioner obstetricians usually rely on the midwife to notify them of abnormality as the need arises. This arrangement works well, especially where interchange of information between the two members of the health team has been loyally practised.

1. Comparative Statistics.

Cases Attended as :—

	Midwife.	*Maternity Nurse.*	*Total.*
1952	1,212	105	1,317
1953	1,153	121	1,274
1954	1,083	103	1,186

Births Attended by Municipal Midwives.

	Live Births.	*Stillbirths.*	*Total.*
1952	1,324	7	1,331
1953	1,260	22	1,282
1954	1,183	11	1,194

N.B.—The difference between the total cases and total births represents eight sets of twins. Municipal midwives have also attended four miscarriages which have been handed to the Home Nursing Service for nursing attention.

Miscellaneous Statistics.

Births attended by private midwives in the capacity of maternity nurse	3
One birth was attended by a doctor and ultimately nursed by a municipal midwife.	

2. Analgesia.

The relief of pain during labour is the rightful heritage of all women and it is gratifying to be able to report an increase in the number of women in the City who had " gas and air " analgesia. Comparative statistics for 1953 and 1954 are given below :—

Statistics.	*Gas and Air.*	*Pethidine.*
Doctor present at case	52	55
,, not present at case	796	602
Totals	848	657

Percentages.	1953.	1954.
Gas and Air	56	72·8
Pethidine	26	55·5

Although there is an increasing awareness amongst mothers of the value of analgesic drugs during labour there is still a hard core of women who stoically refuse any alleviation of pain. This is particularly so amongst mothers who have three or more children.

We now look forward to the day when the Central Midwives' Board will give authority for midwives to use " Trilene," the report on which by the Medical Research Council has been accepted by the Board.

3. Night Midwifery Service.

The Night Service continues to prosper from its headquarters at Jutland House and has necessitated no change of organisation despite staff shortages.

Having been successful over several years it is now gratifying to hear of other local authorities adopting the same scheme or a modified form of it.

Number of calls received	1,027
,, ,, occasions cars supplied	884

4. Stillbirths.

The number of stillbirths has been reduced to almost half the number which occurred in 1953, for no apparent reason. Recent statistics of stillbirths delivered at home are as follows :—

1951	27
1952	7
1953	23
1954	12

The causes of the stillbirths for 1954 have been classified as follows :—

Causes.		
Congenital Abnormality.		
Anencephalous	2	
Hydrocephalus	1	
	—	3
Asphyxia.		
Inhaled meconium	1	(post-mortem report)
Premature separation of placenta	1	,, ,,
Prolapsed cord	1	
Unknown cause	1	,, ,,
Aspirated liquor	1	,, ,,
Prematurity	1	
	—	6
Unknown Causes	3	
	—	3
Total		12

No explanation can be given for the reduction in the number of congenital abnormalities in 1954 as opposed to 1953, *i.e.* :—

1953	9
1954	3

Under the heading " Unknown Causes " two of the foetuses were too macerated for a satisfactory post-mortem examination and the third was delivered by a general practitioner, therefore no information was available.

The absence of birth injury as a cause of stillbirth gives some satisfaction.

5. Emergency Obstetric Unit.

Seven mothers received domiciliary treatment from the " Flying Squad " team based on Hope Hospital.

The provision of such a service has brought all the facilities of a hospital into the patient's home whenever the need has arisen, and both doctors and midwives have been grateful for the efficient way in which the treatment has been given.

Four of these mothers were admitted to hospital for further treatment and continuous supervision, and the remaining three continued to make satisfactory progress at home.

The conditions for which the unit was called were as follows :—

Post-partum hæmorrhage	4
Retained placenta	2
Obstetric shock	1
TOTAL	7

Puerperium.

The municipal midwives have continued to give nursing attention to their own booked cases and hospital discharges whenever the latter have required it.

Number of visits to booked cases	19,699
„ „ „ „ hospital discharges (under 14 days)	363
TOTAL	20,062
Number of cases visited on behalf of hospitals	101

The following subjects are closely linked with the puerperal state, namely :—

1. INFECTION.

The following statutory notices have been received from registered medical practitioners :—

	Hospital.	*District.*	*Total.*
Puerperal Pyrexia	6	5	11
Ophthalmia Neonatorum	—	2	2
Pemphigus „	—	—	—

CLASSIFICATION OF CASES OF PUERPERAL PYREXIA (domiciliary cases only).

Genital tract infection	1
Breast infection	1
Pyrexia of unknown origin	3
TOTAL	5

COMPARATIVE FIGURES.

NOTIFICATIONS OF PUERPERAL PYREXIA.	1951.	1952.	1953.	1954.
Institutional	37	31	7	6
District	13	10	4	5

One of the cases of ophthalmia neonatorum required hospital treatment but rapidly recovered leaving no permanent damage. The second case was an extremely mild infection and was successfully nursed at home.

The Home Nursing Service continues to give invaluable aid when infection jeopardises the work of the midwife on the district.

2. Breast Feeding.

A rise or fall in the incidence of breast feeding can be assessed fairly accurately by the number of notifications of artificial feeding as required by the Rules of the Central Midwives' Board. A significant rise has occurred in the number of such notifications in 1954. This applies particularly to district practise, which has in the past held "pride of place" regarding this all important subject.

Number of notifications of artificial feeding—

	1952.	1953.	1954.
Complementary	42	19	43
Supplementary	48	57	62
Totals	90	76	105

Statistics of Supplementary Feeding.

	Reason.	*On doctor's advice.*	*Others.*	*Totals.*
Mother.	General health	2	3	5
	Local conditions of breast	13	22	35
	Refusal to feed	4	12	16
	Business reasons	1	1	2
	No reason given	2	—	2
		22	38	60
Infant.	Progressive loss of weight	1	—	1
	Abnormal stools	1	—	1
	Totals	24	38	62

On reviewing the above figures one cannot help but feel that midwives could do much more to promote breast feeding, particularly during the antenatal period. It is the obvious duty of the midwife to refer mothers to a doctor if the general health is poor, to treat flattened and retracted nipples and to educate the mothers that breast feeding is every baby's birthright and the crowning joy of motherhood. Nevertheless, it must not be forgotten that the stress and strain of life today is doing much to inhibit natural functions, and yet it is hard to believe that, in an age when man prides himself on a broad outlook on sexual matters, sixteen mothers should refuse to feed their babies for psychological reasons !

Part II Midwifery Training School.

Priority for pupil-midwives from Hope Hospital continues to operate successfully, these girls returning to the hospital for three months afterwards according to their contract.

Of the twenty pupils who completed Part II training in 1954, thirteen were from Hope Hospital under the above arrangements and the remaining seven came from other local Part I training schools.

Examination results have been reasonably good, all the twenty pupils having become State Certified Midwives during the year, only one having to sit the examination of the Central Midwives' Board a second time.

The teaching staff was increased by one practical teacher during the year, making a total of—

2 Approved Lecturers.
1 ,, Midwifery Teacher.
5 ,, District Teachers.

A new venture in the training of pupils has been the introduction of instruction in group teaching of mothers. It is anticipated that this may become compulsory in the near future. The Salford pupils have appreciated the opportunity of doing this work in advance of legislation and have been quite successful in their efforts.

Number of pupil-midwives who commended Part II training in 1954 ...	19
,, ,, ,, ,, completed ,, ,, ,, ,, ...	20

THE CHILDREN'S CLUB.

This meets every Monday evening from 7.0 p.m. to 8.30 p.m. with a membership of 44 and an average attendance of 35 per week.

A tremendous amount of activity goes on in this short time, and one encouraging feature is the interest taken by the parents of many of the children, some of the latter attending the club to give specialised instruction in various crafts.

During the year instruction has been given on such subjects as rug-making, flower-making, needlework, fretwork, " first aid," Scottish dancing, knitting.

At Christmas each child contributed something towards a fretwork scene of " Snow White and the Seven Dwarfs," this was eventually used as part of the Christmas decorations in the hostel.

Other activities associated with the club were a film show to parents by the Health Education Officer, an outing to the seaside, and a Christmas Party.

Thanks are due to the Warden-Housekeeper at Jutland House for organising this work, and also to those who have given time and money to make the club such a success.

Inspection of Nursing Homes.

The routine inspection of Nursing Homes has been carried out according to the Public Health Act, 1936, special attention having been paid to the question of fire precautions.

During 1954 one Nursing Home was closed, leaving only one registered Nursing Home in the City.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-natal Clinics. The number of " new " cases seen at medical officers' sessions continue to decrease, the figure for the year being 1,145, as compared with 1,297 in 1953. The fall in the birth rate and the fact that more mothers are booking the general practitioner obstetricians for maternity services account for this drop in the attendances. Because of this fall in the attendances the number of ante-natal sessions held has been reduced from 30 to 24 per month, and staff released for other duties.

As before all mothers attending the Centres have specimens of blood taken for Wasserman, Rhesus Factor and for Hæmoglobin estimations, unless they have had specimens taken elsewhere, *e.g.*, some mothers who have attended the ante-natal clinic at Hope Hospital and have later been referred for home confinement where conditions are suitable.

The number of specimens taken at the clinics were :—

For Wasserman	989
„ Rhesus Factor	987
„ Hæmoglobin	1,068

Four hundred and seven patients were sent by or on behalf of their own doctor to have specimens taken.

Three mothers were found to be Wasserman positive. One of these was a congenital syphilis and the other two were old cases.

One hundred and thirty-nine mothers were found to be Rhesus negative. Five had antibodies and were referred for hospital delivery. All five had live-born babies, only one of whom required an exchange transfusion. One other had a transfusion of 120 c.cs. blood on the twelfth day. All infants are doing well.

All Rhesus negative mothers are re-invited for a further specimen to be taken at or about the thirty-sixth week of pregnancy. Eighty re-attended for this purpose.

Three mothers were found to have Hæmoglobin percentages of less than 50, the lowest being 32 and each of the others 40. These mothers were referred to hospital for treatment.

The remainder had Hæmoglobin percentages as under :—

Hæmoglobin percentage.	*Number of mothers.*
50—60	31 (3%)
60—70	153 (14·8%)
70—80	344 (33·3%)
86—90	380 (36·8%)
90—100	100 (9·8%)
100 and over	21 (2%)

Therefore in a little more than half the mothers the Hæmoglobin was below 80%.

Child Welfare Clinics. There has also been a decrease in the attendances at child welfare sessions as shown in the following figures :—

	1954.	1953.	1952.
Total attendances	35,497	41,075	41,316
New cases	2,631	2,352	3,164
Individuals	6,773	7,487	8,082

This decrease in attendances is probably due to several reasons :—

(*a*) Owing to shortage of staff and the increase in the amount of work now being undertaken by health visitors routine visiting of children under five years in their own homes is no longer undertaken, the health visitor visiting only those cases which she considers need her most. She, therefore, does not have the same number of opportunities to invite mothers to the child welfare centre, nor is she so well known to her mothers as was the health visitor of the past.

(*b*) Shortage of staff has meant that some districts have had to be left without a health visitor for months, although an endeavour is made to get at least one visit done to new babies.

(*c*) Salford, being an industrial area, is not so attractive to staff who prefer to go to areas where the work is not so difficult nor exacting. There are, therefore, frequent changes and this again results in the mothers not knowing their health visitors.

(*d*) Another reason for the decrease in attendances is that since 1948, as the figures given below will show, there has been a steady decrease in the under-five population, and that since that year we have lost practically 3,000 children.

(*e*) In the pre-war years both children who came under the assisted milk scheme or whose mothers were purchasing infant foods at reduced rates from the welfare centres had to attend the centre regularly if they wished these benefits to continue. Nowadays there is no compulsion for welfare food users to attend in order to qualify for these subsidised items.

Estimated under-five population at 31st December of the undermentioned years, taking into consideration deaths, removals in and removals out :—

1948	16,401
1949	16,787
1950	16,515
1951	15,550
1952	14,808
1953	14,191
1954	13,407

The question arises : Are we providing what the mothers want at our welfare centres ? In an endeavour to answer this question an enquiry was made at the toddler sessions from the mothers of children attending these sessions. This enquiry is the subject of a report submitted herewith by Dr. K. M. Boyes, one of the assistant medical officers.

Report on the Use of the Infant Welfare Clinics to the Mothers of 3,045 Children aged 1-4 years attending for Birthday Examination during the twelve months' period March, 1953 to February, 1954.

In view of the widespread discussion on the use and work of the Infant Welfare Clinics and the tendency to deprecate their usefulness, it was felt it would be instructive to obtain information as to :—

I. *The type of person using the welfare facilities.*

The Registrar General's classification of social status was adopted.

Class I. Higher ranks of business and professional life.
„ II. Retail trades, clerks, teachers, farmers, etc.
„ III. Skilled labour.
„ IV. Neither Artisan (nor wholly unskilled—farm labourers.
„ V. Unskilled.

II. *The regularity of their attendance at an Infant Welfare Clinic.*

This was classified as :—

Regular attendance in the first year—attendance at a centre on or before the fourth week of life and thereafter at at least four weekly intervals.

Attendance in the first year was subdivided into : attendance 0-9 months, and 9-12 months.

Regular attendance in the second year—attendance at three-monthly intervals.
Regular attendance in the third year—attendance at six-monthly intervals.
Regular attendance in the fourth year—attendance at six-monthly intervals.

The birthday attendance is counted as an attendance in the subsequent year, *i.e.*, first birthday examination at one year is an attendance in the second year.

III. *The number of children attending in each age group* 1-5 *years and their position in the family.*

IV. *The nutritional state of the children attending the Centre.*

The classification : A—good, B—fair, C—poor, of the standard School Medical Card was adopted.

V. *Whether the children were given the vitamin preparations provided under the National Scheme, namely, National Cod Liver Oil compound, and National Orange Juice concentrate, or an adequate substitute.*

An adequate substitute for National Cod Liver Oil compound was considered as : any recognised vitamin A.D. preparation, containing in the prescribed dose, quantities of vitamin A and D not less than that contained in the standard dose of the National Cod Liver Oil compound, *i.e.*, 3,500 international units vitamin A + 700-800 international units vitamin D in one teaspoon.

An adequate substitute for National Orange Juice concentrate was considered as : any recognised vitamin C preparation standardised to contain in the prescribed dose an amount of vitamin C not less than that contained in one teaspoon of National Orange Juice concentrate, namely, 7-8 mgms. vitamin C.

VI. *The number of defects found and whether such defects were treated or untreated.*

The number of defects found in each Social Class group of children.

VII. *The reasons given by the mothers for their attendance or non-attendance at an Infant Welfare Clinic.*

The information was obtained by the medical officers at the 386 Birthday Invitation Toddler Clinic Sessions, held at the ten Infant Welfare Centres in the City during the twelve months period March, 1953, to February, 1954.

The medical officers, in the normal course of conversation with the mother, asked her to state, quite briefly, her reasons for attendance or non-attendance at the clinic. It was found that the broad reasons for attendance and non-attendance could be tabulated, and that when these reasons were further elaborated, certain of them were advanced sufficiently often to allow of further grouping. The reasons given are those as stated by the mothers—the medical officers did not necessarily agree that they were correct in every case ; nevertheless in the majority of cases the mothers were co-operative, and, being quite unprepared for the interrogation, volunteered the information requested, in all good faith.

I. Type of person using the welfare facilities.

Father's Occupation and Social Class.

Class I	Class II	Class III	Class IV	Class V	Not stated	Total
15	364	1,563	696	356	51	3,045

The greatest number of children attending the clinics belonged to Social Class III and was more than twice that of the next highest number which were children from class IV.

Attendance from class IV nearly doubled that of class II and class V, which were nearly equal in numbers.

Class I attenders represented a very small minority of the total.

In 51 cases the social class was not stated.

II. The regularity of their attendance at a Welfare Clinic.

Welfare Attendance.

First Year						Second Year			Third Year			Fourth Year		
0–9 Months			9–12 Months											
Reg.	Irreg.	No.	Reg.	Irreg.	No.	Reg.	Irreg.	No.	Reg.	Irreg.	No.	Reg.	Irreg.	No.
1,491	1,016	458	1,290	617	1,139	401	934	704	138	614	529	44	320	239

The regular attendance is greatest in the age group 0-9 months, and next in age group 9-12 months. There is a marked fall in regular attendance in the second year. In the third and fourth year groups the numbers fall even more steeply.

In the second year the irregular attendance number is not much below that of the 0-9 months group.

In the third and fourth years the irregular attendance, while less than that of the second year, does not show the marked drop of the regular attendance.

The frequency of irregular attendance in all age groups is accounted for by the fact that the child has been brought to the clinic from time to time for a specific reason.

III. The following tables show the age groups, position in the family, and size of the family, in respect of the 3,045 children.

Age Groups.

1 Year	2 Years	3 Years	4 Years	Not stated	Total
908	757	691	686	33	3,045

Position in Family.

1st Child	2nd Child	3rd Child	4th Child	5th Child	6th Child	7th Child	8th Child	9th Child	10th Child	Not stated	Total
1,369	996	414	148	65	32	9	5	5	...	2	3,045

Size of Family.

1 Child	2 Chldn.	3 Chldn.	4 Chldn.	5 Chldn.	6 Chldn.	7 Chldn.	8 Chldn.	9 Chldn.	10 Chldn.	Total
1,063	1,132	506	200	75	42	14	7	4	...	3,045

Children in the first year of life attended the clinic in the greatest numbers. In each successive age group the attendance correspondingly dropped. Similarly the position in the family affected the clinic attendance. First children were brought to the clinic in the greatest numbers, there being a successive fall in the numbers attending, as the child's position in the family rose. Finally, the size of the family affected the attendance. Here, however, children from two-child families formed the greatest number of attenders, this number being slightly in excess of that of children from one-child families. After this the attendances progressively fall from that for children of three-child families, down to that for children of nine-child families. These figures would seem to indicate that the clinic services are of most use to the mothers of first and second children. Increased experience in handling their children, coupled with the difficulties entailed in attending a clinic, when the family exceeds two children, results in cessation of, or infrequent clinic attendance. This supposition is confirmed by the mothers themselves, who, in 104 cases, stated as their primary reason for non-attendance, the arrival of a second baby, and the difficulty entailed in bringing more than one, or at the most two young children to the clinic.

IV. The nutritional state of the children.

Nutrition A	Nutrition B	Nutrition C	Not stated	Total
1,876	1,096	64	9	3,045

Sixty-four of 3,045 children, or 2·1% were considered to be of poor nutrition.

V. Children receiving National Issue Cod Liver Oil compound and Orange Juice concentrate and children receiving an adequate substitute for these :—

National issue cod liver oil compound	National issue orange juice concentrate	Substitute for cod liver oil	Substitute for orange juice	Number of children examined
1,877	2,058	402	268	3,045

VI. The number of defects found and whether such defects were treated or untreated.

Number of children examined	Number of defects	Defects which were treated	Defects which were untreated	Percentage defects
3,045	1,521	830	626	49·9

49·9% of the children had some defect of which 830 had already received treatment and 626 required treatment or observation.

Social class	Number of children	Number of defects	Percentage defects
I	15	4	26·66
II	364	168	46·15
III	1,563	729	46·64
IV	696	373	53·58
V	356	219	61·51
Unclassified	28	...	...

It is noteworthy that the percentage number of defects increases in order from 26·66% in Social Class I to 61·51% in Social Class V.

VII A. The broad group of reasons for attendance at an Infant Welfare Clinic.

To buy foods	To be weighed	On Health Visitor's invitation	For regular advice	For a specific reason	Other reasons
72	921	327	1,429	1,313	1,327

Only 72 of the mothers advanced as a primary reason for attendance, the purchase of foods. During the period March, 1953, to February, 1954, National Dried Milk and Vitamin preparations were available at numerous distributing centres throughout the City, so it was not necessary for mothers to attend a welfare clinic in order to obtain the financial benefit derived from the purchase of government subsidised dried milk and vitamin preparations. This fact may account for the small number giving this as a reason for attendance.

Nine hundred and twenty-one mothers considered the weighing of their babies the most important reason for attendance. Welfare staff in the past have laid considerable emphasis on the importance of regular weight gain in infancy. It is therefore not surprising that to some mothers weighing of the children is considered a primary function of the centre, superseding the more important aspects of regular advice and supervision.

Three hundred and twenty-seven mothers stated they had attended a centre having been invited to do so by their health visitor. This small number seems to imply, either a disappointing response on the part of the mothers to the health visitor's invitation, or to insufficient emphasis by the health visitor on the advantages to be gained from regular clinic attendance.

One thousand four hundred and twenty-nine mothers gave " for regular advice " as one of their main reasons for attendance. This is satisfactory in that this group have appreciated and taken advantage of one of the chief functions of the welfare clinic.

The number of specific reasons (1,315) included attendance for a special purpose such as immunisation procedures, and attendance at a minor ailments clinic. Under the heading " other reasons "—1,327 in number—have been included all the other reasons as given by the mothers.

In the detailed statement of reasons for attendance, these two groups, *e.g.*, specific reasons and other reasons are combined, and included in the table.

SUMMARY OF DETAILED REASONS.

Studying the detailed reasons advanced for and against clinic attendance, it is obvious that the most important factor is the mother's conscientiousness and desire to do that which is in the best interest of her child. Some mothers overcome apparently insuperable difficulties in order to attend, while others find it impossible, or inexpedient, to overcome even minor difficulties.

Of the detailed reasons for attendance it would seem that the mothers appreciate most :—

(*a*) The ease of obtaining immunising procedures without the need to make a special appointment (543).
(*b*) The complete and thorough examination of the child given at the birthday examination (449).
(*c*) The helpful advice given at the clinic, particularly in respect of first babies (49), babies in their first year (98), delicate and premature babies (15).
(*d*) The provision of physiotherapy treatment (103).
(*e*) Regular supervision and check of the child's progress (70).
(*f*) Help and advice on feeding problems. This applies to children in all age groups and not just to infants (37).
(*g*) The provision of special clinics for the prompt treatment of eye, ear, nose and throat, dental, orthopædic conditions (28).
(*h*) That the clinic staff are specially qualified to advise on child care (33).
(*i*) Twenty mothers appreciated the educational and social activities associated with the clinic.
(*j*) Thirteen mothers felt that advantage should be taken of the welfare services provided.
(*k*) One hundred and sixty-five mothers found the clinic advice helpful and were satisfied with the attention received.
(*l*) Many other reasons were given which do not permit classification.

Of the detailed reasons given for non-attendance :—

(*a*) The greatest single cause given was the advent of a second baby, and/or frequent pregnancies, and the difficulty in bringing more than one, or, at the most, two young children to the clinic at the same time. One hundred and nine mothers gave this reason.

This is a very real difficulty, and sufficient to deter all but the most conscientious mothers from regular attendance.

(*b*) The toddler is usually brought for some specific reason. The figures for attendance in the various age groups substantiate this fact.

(*c*) In 66 cases the mother's ill-health or disability prevented her attendance. Under these circumstances she does not feel able to make the extra effort to get herself and the children ready, and attend a clinic.

(*d*) Indifference and apathy were manifested in the replies of 80 mothers.

(*e*) In 57 cases sickness of other members of the family, *i.e.*, father, siblings, or the child itself, made it difficult for the mother to attend a clinic, and in 27 cases the care of elderly relatives, in addition to that of her own family, prevented her attendance.

(*f*) Twenty children evinced difficult behaviour when being weighed and examined. This upset the mother, and caused her to feel the upset was not worth while, or was a reflection on her management of the child.

(*g*) In 20 cases where the mother was obliged to work for financial reasons, or where she did so from choice in her own business or profession she had no time, even if she had the inclination to attend. In 86 cases the child was in the care of the grandmother or daily minder, Day Nursery, or Nursery School. These were only rarely brought to the clinic.

(*h*) Housing difficulties and frequent removals disturbed the routine clinic attendance. If this is broken, mothers find it difficult to re-establish the habit. In 56 cases this was the reason given.

(*i*) Eighty-two mothers either felt capable of bringing up their own children and did not require advice, or for various reasons considered clinic attendance unnecessary.

(*j*) In 22 cases direct professional advice was available from relatives or friends, or the mother preferred to consult her family doctor.

(*k*) Seven mothers preferred to accept unskilled advice from neighbours and relatives rather than seek professional advice at the clinic.

(*l*) Complaints against the clinic staff or premises were made by 13 mothers and given as their reason for non-attendance.

(*m*) Twenty-one mothers felt that the child caught cold when undressed at the clinic.

(*n*) Many other reasons were given which cannot be classified.

Conclusions.

The high proportion of defects found, *viz.*, 1,521, of which 626 were untreated, indicates there is still need for regular examination, supervision and advice at the Infant Welfare Clinics.

Those mothers who have most need of the Welfare Services, *i.e.*, those of social class V, make least use of them. This is evident in their poor attendance rate, and high proportion of defects in their children. That with increasing size of the family the difficulties mothers have to overcome to attend a clinic are very real.

That those mothers who do attend have a very real concern for the health of their children, and from their own statements derive great benefit from their attendance at a clinic. The greatest number of these mothers belong to social class III. Greater efforts must be made to interest and educate those mothers whose indifference and apathy prevents their children obtaining the advantages provided by the infant welfare services at the clinics.

The Health Visitor, with her access to the home and her attendance at the clinic, has the greatest opportunity in this respect. In this connection, a surprisingly few mothers—327 out of the total—gave as their reason for attendance : " On the advice of the Health Visitor." The grandmother's co-operation is a valuable asset and should be vigorously cultivated. In many cases she acts as the daily minder—she is often the deciding factor as to whether or not the child shall be brought to the clinic.

In very few cases was the father's interest or opposition mentioned. Ways should be considered of stimulating his interest, perhaps by a periodic special father's evening in connection with the Mothers' Social Clubs.

In spite of the great fall in the Infantile Mortality Rate since the establishment of the first infant welfare clinics, and the improvement in the physical condition of children in the age group 0-5 years, the work of the infant welfare centres is never finally completed. Successive generations of mothers still experience problems in the upbringing of their children, and welcome the opportunity to discuss these in detail with sympathetic and experienced staff.

Now that the major physical conditions, such as rickets, skin infections, infestation, which occupied so much clinic time in former years, have been largely overcome, attention can be concentrated on the more difficult and time-consuming aspect of Mental Health.

Welfare Foods.

On 28th June the distribution of welfare foods was transferred from the Ministry of Food to the local authorities, and arrangements were made for existing clerical staff to deal with these items at all the child welfare, toddler and ante-natal sessions.

The Women's Voluntary Service were asked to take over the distribution at the Hope Hospital ante-natal sessions and at two of the child welfare sessions where it was impossible for the clerical staff to attend to all the duties required of them.

Information from the Ministry of Food led me to expect a weekly distribution of 2,080 tins of National Dried Milk, 2,019 bottles of Orange Juice, 616 bottles of Cod Liver Oil, and 162 packets of A and D tablets. Unfortunately the distribution figures are not as high as anticipated—National Dried Milk sales have been only 80% of the average amount distributed by the Ministry of Food, Orange Juice distribution has been only 66% of the Ministry figure, and Cod Liver Oil only 50%. Vitamin A and D tablet distribution figures have been maintained, mainly due to the continuance of distribution at the Hope Hospital ante-natal sessions.

I should like to express my thanks to the Hospital Board for their co-operation in the distribution of welfare foods, and also to the Women's Voluntary Service for their prompt and continued help in this field.

Domiciliary Premature Baby Service.

Owing to an increase in the duties of the Premature Baby Service it became necessary to appoint a third nurse in 1954 ; an excellent service has thus been maintained. All premature infants born at home and fit to remain there are cared for by these nurses from birth until at least the 28th day ; but the care often extends over a much longer period. Good liaison exists between the health visitors and premature baby nurses, all records being submitted to the former when the case is handed over.

Links with the hospital have been strengthened, the premature baby nurses continuing to accept the responsibility of any premature infants referred to them.

The purchase during the year of two machines for the emergency administration of oxygen have been used with success on premature infants born in state of asphyxia.

The need of a follow-up clinic for the premature infants born and nursed at home has been realised for some time, and it is hoped that, subject to the obtaining of adequate equipment, such a clinic will be established at Jutland House in 1955.

STATISTICS.

Number of domiciliary premature live births	75
,, ,, ,, ,, stillbirths	7
TOTAL	82

PREMATURE LIVE BIRTHS.

Number transferred to hospital	14
,, nursed entirely at home	61
TOTAL	75

The results up to 28 days of the live premature births can be seen from the following table :—

Premature Live Births	Born at Home and Nursed at Home			Born at Home and Transferred to Hospital		
Birth Weights	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days
3 lbs. 4 ozs. or less	1	1	...	3	2	...
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs. ...	9	2	5	4	...	3
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. ...	17	...	17	2	...	2
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs. ...	34	...	33	5	1	3
TOTALS	61	3	55	14	3	8

Further information regarding the premature stillbirths is included in the statistics covering all stillbirths.

NURSING VISITS.

Number of nursing visits to premature infants born at home ...	1,633
,, ,, ,, ,, ,, hospital discharges	742
,, ,, ,, ,, ,, immature domiciliary cases	93
TOTAL	2,468

Breast Feeding Clinic.

Since May, 1954, a Breast Feeding Clinic has been established at Jutland House for the express purpose of overcoming some of the problems associated with this matter.

It is not the first of its kind in Salford for, whilst the local hospital remained in the hands of the local authority, a Breast Feeding Clinic flourished there.

Geographically, the clinic is well situated, beside a 'bus stop and in a thickly populated area. As an adequate diet is an essential feature of successful lactation, a midday meal is provided for those in need of whole days of treatment.

The mothers and babies attending the clinic are regularly seen by a medical officer, who advises the sister-in-charge on any special treatment which may be required.

The educational aspect of the work is considered extremely important and, whilst mothers are in the clinic, every opportunity is grasped for teaching. For this purpose, film strips, books, magazines, posters and personal chats are used as media to instruct mothers in all matters relating to maternal and child health.

Attendances have not been as good as desired, nor were the results very encouraging, but a better response is expected in the future.

Seventy-four patients were referred to the clinic for treatment by various members of the health team, namely, medical officers, general practitioners, hospital and district midwives, and health visitors. Of these, 31 failed to attend.

The results of those who attended are as follows :—

Wholly breast fed	10
Partly „ „	27
Wholly artificially fed	6
TOTAL	43

The final results of those infants wholly or partly breast fed when discharged from the clinic are not known at time of report.

In addition to the post-natal aspect of this work, two mothers attended for ante-natal advice and treatment. As " prevention is always better than cure " it is anticipated that in 1955 a very positive effort will be made to establish an ante-natal clinic session at weekly intervals so that specialised attention can be given to mothers requiring it.

Special Worker concerned with difficulties of Breast Feeding.

Owing to the sickness of the officer concerned only six months work can be reported. Cases thereafter were dealt with by the area health visitor.

Cases during the first six months were referred as follows :—

Health Visitors	19
Midwives	2
Hope Hospital	3
Infant Welfare Centres	33
Breast Feeding Clinic	2
General Practitioners	3
Total new cases	62
Brought forward from 1953	9
TOTAL	71

AGE GROUP OF NEW CASES.	*First babies.*	*Others.*	*Total.*
0—4 weeks	16	13	29
4—8 „	17	8	25
8—12 „	4	4	8

PLACE OF BIRTH OF NEW CASES.

Home—attended by municipal midwife	13
„ „ „ own doctor	—
Hospital	49

CASES DISCHARGED TO CARE OF HEALTH VISITOR.

(*a*) Completely breast fed	14
(*b*) Partially „ „	18
(*c*) Wholly artificially fed	25
(*d*) Artificially fed first visit	5

HOME VISITS.

Total number of home visits paid	574
Number of no access calls	29
Cases carried forward to next year	10

MATERNITY AND CHILD WELFARE VISITS.

Attended Ante-natal Clinic	16
„ Infant Welfare Centre	4

Inexperience and over-anxiety on the part of the mother seemed to be the main reasons for failing lactation, particularly in mothers with first babies. A good deal remains to be done in educating these mothers during the ante-natal period ; one difficulty here is that the majority of cases only become known to the health visitor after the confinement, 74% of those referred during the year were born in hospital.

Dental Care. (Report by Senior Dental Officer).

These patients are invited for examination and treatment when referred by the medical officers or health visitors, etc. No specific time is set aside for this work, which is carried out in conjunction with the treatment of school children in the school clinics. All forms of treatment are available for these patients, X-ray and dentures being available by arrangement between Education and Health Authorities, allowing the technical facilities of the school dental service laboratory and technicians to be used for this purpose.

During the year, a dental survey of some 100 children, between one and two years, was carried out in connection with a nutritional investigation of these children, and the results will be published with this survey.

A table giving the detailed forms of treatment carried out during the year is appended hereto.

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

(*a*) Number of officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare services :—

(1) Senior Dental Officer	1/11
(2) Dental Officers	1/11

(*b*) Number of officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service ... ... Nil

(*c*) Number of dental clinics in operation at end of year 4

(*d*) Total number of sessions (*i.e.*, equivalent complete half days) devoted to maternity and child welfare patients during the year 70 (estimated equivalent)

(*e*) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year 1

A. NUMBERS PROVIDED WITH DENTAL CARE.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers ...	331 (197)	224 (191)	203 (128)	178 (87)
Children under five years	569 (653)	521 (611)	445 (452)	445 (393)

The figures in brackets are those for 1953 and show that a greater number of mothers were examined and made dentally fit in 1954 than in 1953, and that, although the number of children examined was less than in 1953, a greater number were made dentally fit.

B. FORMS OF DENTAL TREATMENT PROVIDED.

	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns or inlays	Extractions	General anæsthetics	Dentures provided		Radiographs
							Full upper or lower	Partial upper or lower	
Expectant & nursing mothers ...	42	51	...	...	384	94	35	6	6
Children under five years	...	112	209	...	632	288	...	...	1

PHYSIOTHERAPY SERVICE

The physiotherapy department has continued to make steady progress during the year. The staffing position has improved greatly leading to a higher standard of work, as it has been possible to devote more time to giving treatment without being continually harassed by the growing lists of patients waiting for attention. The number of children referred for artificial sunlight courses and for minor orthopædic defects has tended to decline, this is probably in a positive relationship to the number now attending the welfare centres. Each child referred for physiotherapy is now invited for treatment within the week, a much more satisfactory state of affairs as it encourages the mother to co-operate from the first time the defect is noticed and means a quicker cure and probably a shorter period of attending for treatment.

Artificial Sunlight Clinics.

These are held twice weekly at three clinics and five times weekly at the Regent Road centre, at Regent Road clinic Saturday morning sessions and up to 6 p.m. two evenings a week for the benefit of mothers who are working. The inauguration of a three-monthly servicing of the apparatus has much improved the efficiency of the artificial sunlight lamps and cancellations of treatment, due to failure of the lamps, rarely occurs at clinics. After completing a course of sunlight treatment the mother is invited to bring her baby to see a medical officer, where baby's progress is noted and mother is able to give her opinion as to whether or not she considers baby has benefited from treatment.

Remedial Treatment Clinics.

Treatment clinics are held at five centres. The importance of early recognition of even minor orthopædic defects in babies cannot be too strongly emphasised so that small abnormalities can be treated before they become fixed, possibly causing much trouble in later life. It is especially important to treat babies with cerebral palsy as soon as the condition is suspected, in this way tight muscles can be relaxed and weak muscles strengthened to prevent the tragic deformities previously found in adult spastics who were not treated as children.

Similar facilities as those existing for sunlight treatment are available at Regent Road clinic on Saturday morning and up to 6 p.m. two evenings for the benefit of working mothers.

Day Nurseries and Nursery Schools.

Owing to the availability of more physiotherapists it has been possible for physiotherapists to visit the Day Nurseries and Nursery Schools and treat the children there. The medical officer attending the nurseries felt that a certain number of children were not getting the necessary attention required, because of the impossibility or unwillingness of the mother to attend a treatment centre, either on Saturday mornings or in the early evening. So purely in the interest of the child this enlarged service has been started, though it will be appreciated that travelling from one nursery to another makes heavy demands on a physiotherapist's time.

Specialist Clinic.

The orthopædic surgeon holds weekly sessions at the Regent Road clinic and sees babies referred by medical officers. Sometimes babies, who may have a birth injury or some congenital deformity requiring treatment, are brought when only a few days old.

The orthopædic technician also attends for the measurement of any splints required and to advise on any footwear problems sent by the medical officers from the welfare clinics. Alterations to shoes are completed and returned in a week.

Children's Homes.

Several attempts have been made to give regular artificial sunlight and remedial treatment at Greenbank Home, but, owing to recurrent outbreaks of dysentery placing the home in quarantine and also the closure of the home for a period owing to administrative difficulties, no course of treatment has been possible for long enough to benefit the children. This is regrettable because it is these children from difficult homes who are so badly in need of treatment. The physiotherapist can only keep persevering and hope that eventually continuous treatment may be possible.

Ante- and Post-Natal Exercises.

Classes for mothers are now held at six centres. Pioneer work is always uphill, but the classes which have been held the longest do show definite improvement in numbers, and the mothers who have benefited from the exercises are always willing to encourage the diffident ones. One difficulty is that so many various activities are carried on during an ante-natal clinic and it becomes increasingly difficult for the mother to fit them all in as well as her ante-natal examination.

Neumann Neurode Exercises.

Baby exercises are given at several welfare centres, four day nurseries, and at Greenbank Children's Home. The exercises at the welfare centres are valuable in educating the mothers that even a young baby needs exercises even though it may appear to be just play, and if a baby is to develop into a strong healthy toddler its muscles and bones must be developed along the right lines from a very early age ; no baby should be left firmly wrapped in a shawl lying in a pram or a cot for long periods of time. In day nurseries and children's homes where shortage of staff frequently occurs, it is not always possible for the babies to have all the free play the staff would like and here the baby exercises help by developing all bones and muscles by a carefully worked out progression of exercises.

Family Planning.

Only ten cases were referred to the Family Planning Clinic by medical officers of the Department and only seven attended.

Cookery Demonstrations.

During the year attendances have slowly increased, though the extremely bad weather, and outbreaks of measles, etc., did not help in this direction.

No new leaflet has been prepared, but with the de-rationing of meat, much advice has been given on the choice of meat, and the use of the cheaper cuts has been demonstrated.

Many mothers confess they do not know for what to ask (and even what it should look like) as they have become so accustomed to taking whatever the butcher chooses to give them as their ration.

With mothers moving to the new housing estates (Mount Skip, etc.) many questions have been asked on choice of curtain materials, washability of new fabrics and other topics of household interest.

More mothers bringing children for exercises, or to the school doctor, are finding their way into the kitchen, and several are now regular attenders.

Christmas cakes once again gave pleasure to many, but for the younger end, toffee apples were considered the best item.

With ever increasing supplies mothers are now anxious to try new dishes and new ways with old ones. Having a young family they find it impossible to attend evening classes, and so the clinic classes meet their need.

The continued interest of all the Maternity and Child Welfare staff gives great encouragement to both mothers and teacher.

Psychological Service.

Family Guidance Clinics.

The work of both centres has increased considerably during the year, particularly during the second half. Both centres were closed completely from the 23rd March until mid-July, owing to sick-leave, and the Murray Street sessions were not recommenced until October 19th, owing to a shortage of cases. Since then that centre has flourished.

The most important incident during the year was the inauguration, in August, of a liaison service in conjunction with the Salford Mental Health Department. This liaison has resulted in a steady supply of worthwhile cases at both centres, and appears to have proved of real value in supporting many needy cases in the care of that Department.

The scope of sources of referral has increased during the year, and a pleasing feature has been the first referrals, at Murray Street, from two local general practitioners. Close co-operation has existed with the social workers of the Mental Health Department and with the health visitors and superintendents of the centres. I am grateful for their help.

A selection of cases will be described.

1. Langworthy Road Centre.

(*a*) In conjunction with the Mental Health Department.

Mrs. E., 24 years of age, married with one child, aged 4 years, had spent some weeks earlier in 1954 as a voluntary patient in a mental hospital. No definite diagnosis had been made but her symptoms had been those of anxiety state with depression. She recovered well but, on returning home, needed after-care.

Her husband was an irresponsible type with little insight or understanding of her needs and refused to co-operate in accepting an invitation to attend our centre. Financial stringency set in as they were buying their house through a building society, and it became necessary for the patient to return to her previous employment as a machinist. Arrangements were made for the child to enter a nursery.

The wife was very insecure and immature but responsive and regular in attendances. She felt very sensitive concerning her hospital stay and upset at her husband's indifference.

In spite of his lack of co-operation the wife was helped to achieve greater security within herself, and has been working regularly and maintaining all household duties without difficulty up to the present time.

Another referral from the Mental Health Department was :—

Mrs. H., 40 years of age, a widow with three daughters, aged 15, 11 and 8 respectively.

She was a chronic hysteric and had been known to the department for some time. She was referred because the recent death of her husband and her difficulties over finance and in appalling housing conditions made supportive therapy imperative.

She has attended regularly and been working steadily up to two weeks ago when a further hysterical blackout caused her to lose her work.

In both the above cases the actual patient in the care of the Department was given support in our centres, but in several other instances the wife of a patient has been helped to carry on over the difficult period of hospital or post-hospital recovery.

(*b*) A Marital Problem.

Mrs. W., aged 36 years, with two daughters of 10 and 7 years of age, was parted from her husband on account of his violence and abuse. She was living with the girls in her mother's house.

She was in a state of nervous exhaustion and, in addition to other help, a convalescent holiday was needed, and arranged for, with real benefit to the patient.

On her return she attended regularly. Her husband refused to attend but eventually showed genuine signs of contrition and the desire to be reconciled. Eventually the wife returned to him and they settled down together quite peacefully.

On the last occasion on which she attended she stated that things were so happy that she would only return if ever trouble arose and there was no need for me to invite her husband again then.

(*c*) Health Visitor Referrals.

Mrs. S., 32 years, with a girl of 8 and twin son and daughter of 2 years.

In 1952, Mrs. S. contracted tuberculosis and was in sanatoria for eighteen months. She was already pregnant with the twins who were cared for by her mother. Unfortunately during 1953 her mother died. In addition to the worry about the babies she had been closely attached to her mother.

She was referred, in a state of real distress and agitation, in an acute anxiety state. Her fears proved to be as follows : Fear of mental breakdown (she had had " hallucinations " during her hospital stay) and hospital treatment ; fear of further tuberculosis ; fear of death and leaving her children ; fear of further pregnancy.

She has responded remarkably well to reassurance and the opportunity to face her fears with some guidance and help. In only four attendances she has changed to a bright, cheerful woman, looking physically fitter, sleeping and eating well, and coping successfully with a household which contains her own father, a very irritating individual of 72. I hope, with further supervision, that she will maintain this progress as she is an intelligent and co-operative patient.

Mrs. G., aged 35 years, was a case of post-natal depression and lassitude. She has a family of five boys ageing from 12 years to 4 months and a very good and helpful husband.

She was a quiet, hard-working, little woman and has co-operated well. She is responding gradually to reassurance and encouragement and should do well. On the physical side, I am intending to arrange a convalescent stay for her when she is fit enough to benefit by the same.

2. Murray Street Centre.

(*a*) In conjunction with the Mental Health Department.

Mrs. S., 32 years, with a family of five boys and one girl, and pregnant again, has a schizophrenic husband of 35. He is at the moment on the point of entering mental hospital as a voluntary patient which he has steadily refused to do ever since his first breakdown in 1953. He has also refused to work and support his family, and has been very difficult to cope with. The housing conditions were appalling.

Mrs. S. was referred to me as needing support in her difficulties. She has proved co-operative, and much more alert and intelligent than she looks.

She was in a very low state physically and it was arranged that she and her children should spend Christmas in Brentwood. They were away for one month and benefited greatly.

Efforts to help with the financial and housing situation have been made, and Mrs. S. encouraged and supported in the effort she herself has made to help herself and her family.

She will be supported during the period of her husband's hospitalisation and her coming confinement.

The same Department referred *Mrs. S.*, a Jewess of 36 years of age. She is a chronic depressive and has spent two periods as a voluntary patient in mental hospital, where she failed to respond to electric shock therapy. She has two children of 12 and 9 years, and an easy-going, unimaginative husband who attributes her difficulties to the " madness " to which their race is prone !

In addition to her other difficulties, Mrs. S. is a frustrated woman because she loves dress and a gay time, with plenty of admiration from the opposite sex. She resents the imposition of household cares and family responsibilities, and has been tempted recently to indulge in an " affair " with one of her husband's friends. Seriously limited finances (the husband is a painter and decorator) cause frequent irritations. The sex relationship has always given difficulty.

The patient has co-operated to the extent of regular weekly attendances but resents attending the Therapeutic Social Club. She shows considerable variations in mood from week to week but is at the moment coping fairly well, and will, I hope, improve.

(*b*) A Marital Problem.

Mrs. T., 42 years, working full-time as a machinist, with a son aged 15 years, was referred by a health visitor because she was threatening suicide. Her husband has been unfaithful for the past two years and was threatening to leave her.

In spite of the fact that her husband has had several "affairs" before, gambles excessively and has served a prison sentence, she was afraid to lose him and to have to depend on herself.

She proved an intelligent and co-operative patient, responding quickly and becoming much more self-dependent. The difficult situation continues as the husband still lives on in the home (the house is in his name) but the wife desires a separation and is seeking advice from the Poor Man's Lawyer to that end.

(*c*) Referrals from General Practitioners (via Dr. Sproul).

Two very recent referrals have come in concerning problem children. In each case two attendances have been made and both are already showing a response to advice given. A letter has been sent in report to each doctor concerned.

Mrs. M., 34 years, with two boys of 9 years and 3, and a girl of 2, proved to be a link with the Mental Health Department as her husband has been in their care for some years.

The boy of $3\frac{1}{2}$ years was the problem. He exhibited signs of gross insecurity, being frightened, refusing to play, silence alternating with temper tantrums. His mother has had to leave him largely in the care of neighbours while out at work, and last year, when she had a miscarriage, the children were put in a home.

Advice to finish work (this was financially possible) and to stay at home giving the children full care and attention was given. An immediate improvement followed—endorsed by the Mental Health worker who visits regularly.

Jealousy of the older brother, who has been the main prop of his mother through all her difficulties and to whom she has become over-attached, also of his younger sister, has caused added difficulty. The mother is proving co-operative, however, and things should continue to improve. The father is to attend shortly.

Mrs. H., 31 years, an anxious, nervous type of woman, was referred with her boy of $4\frac{1}{2}$ years, who is aggressive, a bed-wetter, and quite out of his mother's control. His father is easy-going. Discipline is non-existent in the home, but the father has lately turned over-strict in an attempt to put things right.

Mrs. H. has proved co-operative, and several dry nights have occurred each week since her first visit—unknown for some time. The husband is willing to attend—in an evening only—and is to come to Derbishire House in the near future. Mrs. H. is being encouraged to overcome her needless anxiety over family duties and responsibilities and claims to feel much better "in herself" for coming to the centre.

Psychological Clinic.

	Attendances.	
	New.	*Old.*
Murray Street	144	177
Police Street	192	231
Regent Road	153	208
Langworthy	163	191
Cleveland	143	243
Regent Road (ante-natal)	681	

Talks were given to five psychological social workers from the Child Guidance Clinic, all of whom commented on the different approach, *i.e.*, the emphasis being placed on the prophylaxis of mental anomalies. The assistant matron from Salford Royal Hospital, with a group of student nurses, also discussed the methods used for the preventive, as well as the remedial work.

The remedial work has been as varied as in previous years—all kinds of problems in children and parents and many family relationships discussed. A number of older mothers have come for treatment because they find a real struggle within themselves. The glandular and psychological change make them feel that looking after a young baby is tiring and irksome and yet they have a deep love for the child. Several have been very unhappy because of guilty feelings because they think it wrong to feel that they do not want the task of looking after the child. Great relief has come to several of these parents, when given an explanation for their conflicting emotions during the climacteric changes.

During the year I have made efforts to get into conversation with as many mothers of first babies as possible. Some take the experience very happily, while others show great anxiety and a few get very depressed and feel overwhelmed. Time after time the comment is : "Baby cries all evening." In such cases one often discovers that the mother is attempting to do far more than she is able and not taking any rest to break the long period of activity —sometimes from 6 a.m. until midnight. Some of these conscientious mothers get a shock when, in fun, I say : "Does the union of mothers allow a working day of eighteen hours ?" A chat about the value of some relaxation and really enjoying baby helps these mothers tremendously and very soon one usually hears : "I feel much better and baby sleeps and takes his food well."

At the Murray Street, Police Street and Langworthy Clinics, the arrangement of the waiting and weighing rooms makes it easier to give group talks than one can at Regent Road and Cleveland Clinics, where individual talks are given. The waiting mothers in the ante-natal clinics have been very attentive during group talks, but they also appreciate the opportunity for a more personal contact. During one period a very intelligent Dutch mother provided a most happy stimulus to our discussions. Her questions and comments, and her very kind attitude to the other mothers was most refreshing. She is now in Holland, where her baby girl was born on December 5th, and from where she has written to express her appreciation for the help she received. Overcrowding, due to lack of homes, still causes great anxiety, and a large number

have a hopeless attitude which is not a good background for family life. While one cannot provide material help, the talking over of the problems does bring some feeling of relief. The rising cost of living creates great anxiety in parents and many of this group are terrified of further pregnancies.

The very wet season has been a trial and, on many occasions, advice regarding indoor activities has been sought.

In the suburban areas "feeding difficulties" are frequently the reason for mothers seeking help. These children have usually had over-anxious parents who have given them the best and never allowed a natural hunger to stimulate the appetite. When I succeed in getting the mother to stop fussing and allow the child to get hungry there is usually a cure. In instances where mothers cannot, or will not, take advantage of the clinic services, health visitors discuss the problems and then return with suggestions regarding treatment.

The Unmarried Mother and Her Child.

For full report see Health Visiting Section.

DAY NURSERIES

There are eight day nurseries in the City with accommodation for 370 children between the ages of 6 months and 5 years.

NUMBER ON REGISTERS.

January 1st.	Under 2 years	127
	Over 2 „	276
	TOTAL	403
December 31st.	Under 2 years	127
	Over 2 „	278
	TOTAL	405

TOTAL ATTENDANCES (excluding Saturdays).

Under 2 years	24,099
Over 2 „	53,536
TOTAL	77,635

NUMBER OF DAYS OPEN (excluding Saturdays)—254.

AVERAGE DAILY ATTENDANCE.

Under 2 years	94·8
Over 2 „	210·7
TOTAL	305·5

NUMBER OF NEW ADMISSIONS DURING THE YEAR—461.

LENGTH OF STAY.

Under 2 weeks	36
Between 2 and 4 weeks	43
„ 4 „ 8 „	40
Longer than 8 „	79
Still on register at 31st December	263
TOTAL	461

One of the results of admitting so many new children during the year, which is in accordance with the Council's policy of making room for priority cases without putting their names on a waiting list, has been the increasing disturbance of routine. Most children on admission are fretful and naturally disturbed at being admitted to strange surroundings with strange adults to care for them. This has meant harder work for the staff and a quicker destruction of equipment, and no doubt is partly responsible for the increased incidence of sickness amongst the staff who are constantly under strain. Also the poor weather conditions during the year made it impossible to give the children opportunities for as much outdoor play as we would wish. This creates overcrowding indoors where there is little space for vigorous activity thereby restricting the children's natural desire to let off steam and increasing the fractiousness and quarrelling amongst the children.

The absence of a Teacher Superintendent for nine months of the year caused lowering of the standards of play and educational activities. Wardens, who are admirable people and all keen to do their utmost to maintain a satisfactory day-to-day programme of activities are, nevertheless, untrained, and definitely need the constant help and guidance which only a nursery trained teacher can give them. The appointment of a successor to Miss Lupson, who left in March, 1954, was delayed, firstly owing to unsuitable applicants following the first advertisement, and secondly, owing to the teacher finally appointed having to give three months' notice to her employer.

In June, 1954, inspectors of the Ministry of Health and Ministry of Education visited Bradshaw Street Nursery and recommended that the nursery be approved for the training of students in nursery nursing.

During 1954, ten student nursery nurses successfully completed their training. Unfortunately, owing to restrictions imposed by the Establishment Committee, none of these students could be absorbed into the day nurseries in Salford.

The posts obtained by these students were :—

Hospital posts	3
Nurseries outside Salford	2
College for Nursery Teachers	1
Private posts	2
Military Nursing Service	1
Unknown	1

A refresher course for nursery matrons held in London in November, 1954, was attended by the matron of Hayfield Terrace Nursery.

During the year there have been many visits paid to nurseries by student hospital nurses, student district nurses, pupil midwives, social science students, student almoners, student health visitors, a medical officer studying for the Diploma of Public Health, and members of the Women's Gas Council. The total number of people visiting nurseries was 163.

In May, 1954, the Manchester and District Branch of the National Nursery Matrons' Association held a meeting at the Bradshaw Street Day Nursery, when Dr. Parker, of the Public Health Laboratory Service, gave an interesting and informative lecture on the incidence of gastro-intestinal infections amongst children in hospitals and nurseries. The meeting was well attended by about 50 matrons and staffs of nurseries in Manchester, Salford and Lancashire County area.

The day nurseries have continued to play a useful part in the welfare services despite shortage of staff due to sickness and to the delay in filling vacancies caused by resignations. The time lag between a member of staff leaving the service and the appointment of a successor has been as long as three months, which does not help in the smooth running of a successful nursery.

Medical Officer's Report on Day Nurseries.

This report deals with eight day nurseries and covers the period from 1st January to 31st December, 1954. The average number of children in each nursery is 50 plus, but again there has been a marked increase in the numbers admitted for short periods and the interval between periodic examinations necessarily has been longer.

Every new child has been examined as soon as possible after admission and the children under 15 months have been examined each visit.

The children of the age group 15 months to 2½ years have been seen at three-monthly intervals and those of 2½–5 years have been seen on or about their birthday.

Children returning after illness and those not making satisfactory progress have been seen as necessity arose. Some children have been in the nursery for so short a period as to miss the monthly inspection.

The following is a list of the infectious illnesses in the day nurseries for the year 1954 :—

Infectious Illness	Howard Street	Eccles Old Road	Fitzwarren Street	Hayfield Terrace	Summerville Road	Hulme Street	Wilmur Avenue	Bradshaw Street	Total
Measles	4	25	24	34	22	27	25	3	164
German Measles	...	...	...	...	...	...	...	3	3
Pertussis	3	1	2	5	2	...	...	2	15
Mumps	4	1	...	...	6	...	...	1	12
Scarlet Fever	2	...	...	...	...	...	...	1	3
Chickenpox	25	2	13	19	3	...	...	4	66
Impetigo	4	2	6	...	...	3	...	...	15
Sonne Dysentery	3	4	14	5	24	6	16	19	88
Tonsillitis	7	2	4	...	...	...	...	...	13

The health of the children has remained satisfactory, though the standard of the new admissions would appear to be below that of recent previous years. This is probably due to the increasing number of children who are admitted for social, financial or domestic difficulties.

Three hundred and two new admissions have been Mantoux tested with 1 in 1,000 dilution, and, in addition, 52 children who were in the nursery prior to 1st January, 1954, have been tested with 1 in 100 dilution.

Fifteen children were found to be Mantoux positive : 8 to 1 in 1,000 dilution and 7 to 1 in 100 dilution ; 9 children were absent for reading and did not return to the nursery for further testing.

Every child who was found to be positive on testing was referred to hospital for further investigation. One child defaulted and has left the district, and a second child was referred by the general practitioner to another hospital and reported to have no active lesion. One child was found to be recovering from an active tuberculous infection : the rest were free from active infection, but five children showed definite signs of having had a hilar adenitis and four children a definite primary complex.

HEALTH VISITING SERVICE

The health visiting section is responsible for the following aspects of work :—

1. Home visiting in connection with Maternity and Child Welfare.
2. Family visiting—all age groups.
3. Tuberculosis visiting.
4. School health work.
5. The investigation of infant deaths.
6. Special surveys and investigations.
7. The staffing of all clinics in the public health and school health service (excepting midwives' ante-natal clinics).
8. The treatment of scabies and verminous conditions—all age groups.
9. Domiciliary immunisation of children under 5 years.
10. Health Education.
11. Mothers' Clubs.
12. Specialist services for—
    - (*a*) The child neglected in his own home.
    - (*b*) The unmarried mother and her child.
    - (*c*) The promotion of breast feeding in the home.
    - (*d*) The aged and infirm.
    - (*e*) Hospital liaison.
    - (*f*) The training of student health visitors ; the training of student nurses in social aspects of disease.

All the general staff undertake combined health visiting, school nursing and tuberculosis visiting. Specialist or consultant health visitors are responsible for intensive work in a particular field in collaboration with district health visitors. State registered nurses are employed to relieve the health visitor of work requiring the services of a trained nurse without a health visitor's qualification. Lay assistants undertake duties under the supervision of the trained nurse or health visitor in order to ensure that the best possible use is made of the time and skill of the professional worker. All lay assistants hold certificates in First Aid, Home Nursing and Child Care, and all are members of the National Hospital Service Reserve.

Health Nursing Section (Health Visiting / School Nursing / Tuberculosis Visiting).

In setting out an account of the work of the Health Visiting Section, it is difficult to present a true and complete picture, so much depending, as it does, on the quality of individual effort. If success could be measured in terms of increased output compared with that for the previous year then 1954 could be considered a successful year. But so many more visits paid or clinics held than in former years is no criterion. The real nature of a visit, the ability of the visitor to detect and adequately to deal with present and incipient problems, to offer timely advice in order to prevent physical or mental ill-health, home

accidents, breakdown in family relationships, all are factors contributing to the success or otherwise of the service which are difficult to record statistically or to present factually in a report of this kind.

The responsibility for ensuring that the work is well-balanced and the relative importance of different aspects of work properly understood lies with the Superintendent Health Visitor and her deputy. I am happy to report that good co-operation from the staff, good team work, and a capacity on the health visitor's part for producing sustained effort without the stimulus of dramatic results enjoyed by curative workers have made a real contribution to the success of the service throughout the year.

Staff.

The staffing position compared with 1953 was very slightly improved.

Dispensations—Ministry of Health.

Dispensations in respect of four clinic nurses, allowing them to undertake health visiting duties, were granted in October—in two cases until October, 1955, and two until October, 1956.

Domiciliary Work.

The main increase in the number of visits paid relate to care of the aged and to follow-up of tuberculous patients and their families. Visits made by clinic nurses for the purpose of carrying out Diphtheria Immunisation were fewer by over 1,800 owing to the calls made on clinic nurses' time by the School Health Service. Home visits by hygiene attendants were nearly doubled mainly due to the need for the aged for assistance with bathing in the home.

Clinic Work.

There was a reduction in the number of personnel attending the clinics, as attendances were again fewer than in previous years. Advantage of this was taken to enlarge the educational programme—see pages 78 and 79.

Clerical and Office Work.

As in previous years, far too much clerical work which could be undertaken by clerks was carried out by health visiting staff, and the need is again stressed for the provision of at least one full-time clerk to relieve this situation.

Staff Education.

Two health visitors attended a two weeks' Refresher Course, and all health visitors have attended short local Refresher Courses from time to time, arranged mainly within the department, and one week-end course by the Manchester Health Department. Staff meetings and discussions form a regular feature of the service.

Clinic Nurses.

Duties in clinics, schools and homes, which do not require for their performance the services of a health visitor, have been relegated or delegated, as the case may be, to State Registered Nurses known as Clinic Nurses. Home visiting is related mainly to Diphtheria Immunisation and to care of the aged.

Children who fail to attend a clinic for immunisation when invited to do so are referred to the area health visitor. The health visitor decides whether she or a clinic nurse will offer immunisation in the home—usually she delegates the work to a clinic nurse.

The total number of children immunised in the 0–5 age group was less than in 1953. One of the reasons was that visits paid by clinic nurses for immunisation purposes were fewer by 1,873 (excluding " no access " visits). This was not due to shortage of staff ; the number of clinic nurses employed during the year was slightly increased, but the needs of the elderly were more pressing. Comparative figures are as follows :—

	1953.		1954.	
	Diphtheria Immunisation.	*Aged.*	*Diphtheria Immunisation.*	*Aged.*
Number of visits paid	5,889	2,663	4,016	4,800

Although clinic nurses have been used in the past mainly because of the shortage of health visitors, experience has shown that there is a definite place for the registered nurse in the health visiting and school health service. Health visitors should be relieved more and more of routine work in order that they may concentrate on the medico / psycho / social problems so much in evidence today.

Hygiene Attendants.

Lay assistants, too, have their place and have proved a valuable asset to the service. All needles and syringes, used for any purpose whatsoever, are prepared for sterilisation by these workers. This involves preparation of some 600 needles and 150 syringes each week which otherwise would have to be prepared by nursing staff ; the time of these skilled workers saved on this count alone is considerable.

Not so much time was spent in maternity and child welfare centres as formerly, but much more time devoted to the needs of the elderly. The bathing service provided for this ever-increasing section of the community has made a very effective contribution, not only to the comfort and well-being of those concerned, but has played no small part in keeping them out of bed, out of hospitals or institutions, or out of the " derelict aged " category as the case may be.

Another useful service carried out by lay assistants is to assist a mother if she is incapacitated and unable to bath a young baby herself, or to assist in getting children ready for attendance at a centre, or in some cases to take the children themselves if the mother is unable to do so ; to carry out domiciliary treatment of scabies, or the disinfestation of women and children unable to attend an appropriate centre.

Mothers' Clubs.

REGENT AND ORDSALL CLUB.

The Regent and Ordsall combined Mothers' Club continued to meet every fortnight at Jutland House until September, when, because of increased membership and the need for larger premises, the club was transferred to Ordsall Child Welfare Centre.

Membership stands at 42, with an average attendance of 29.

Activities, social and educational, included a demonstration of make-up and beauty care, of fire prevention by an officer of the Salford Fire Brigade, and a programme of colour films of the British Isles presented by the British Railways, and a film show of " Mandy," the story of a deaf child. A talk on " the care and welfare of the aged " by the specialist health visitor for this work was of particular interest. Good use was made of educational films and film strips, and discussion, planned and spontaneous, was a prominent feature of club meetings.

Outings, including a visit to a newspaper office, and the Blackpool Illuminations, proved very popular, and thirty members, with forty-five children, spent a very wet June day at St. Annes-on-Sea. The year ended with a Christmas party at which the Mayoress was present.

Although the number of those attending continues to be satisfactory, the early promise of club members accepting responsibility for the running of the club has not been fulfilled. However willing the members may be to accept responsibility, their lack of confidence and experience force the bulk of the organisation on to the health visitors.

Langworthy and Police Street Club.

The facilities of the Club at Langworthy Centre were offered to mothers from Police Street Clinic in August, since when the two centres have held combined meetings.

Membership stands at 29, with an average attendance of 22. Meetings are held fortnightly under the guidance of the Centre Superintendents from both centres.

Activities, including talks and films by officers of the N.S.P.C.C., the Fire Service, and the Home Safety Committee, a demonstration by a beautician, a talk by a psychologist, a cake-making competition, and a most interesting visit to a newspaper office.

On the lighter side were social evenings, games nights, a visit to the theatre, and an evening drive to Pickmere. The year ended with a very successful Christmas party.

Murray Street.

This, our oldest established Club, still continues to flourish. One hundred and sixty-four meetings have been held since its inception, with an average attendance during 1954 of 20.

Activities have included a visit to Telephone House, a drive to Pickmere, a dinner at Ringway Airport Hotel, and a show at the Palace Theatre. A very successful party for the children of members was held in January, and a party for the mothers in February. The Club celebrated, in September, the marriage of the Centre Superintendent, Miss Mason, who was originally responsible for the formation of the Club, and who has attended faithfully every subsequent meeting. A talk was given by a new member, illustrated by photographs of her native country (Egypt), which was of great interest.

The year ended in the usual way with a delightful Christmas party for the children of members.

Members wish to record their appreciation of facilities placed at their disposal by the Health Committee for Club meetings.

Our thanks are once again due to the Centre Superintendents and Health Visitors who give much spare time (behind the scenes) to the organisation and running of these Clubs.

Training of Students.

The practical training of student health visitors continued as in previous years, as did the tutoring of nursery nurses.

There was an appreciable increase in the work of the department relating to the training of student nurses in the Social Aspects of Disease.

Groups of nurses from Salford Royal Hospital, Manchester Royal Children's Hospital, and Hope and Ladywell Hospitals attended at regular intervals throughout the year.

The length of time which each group of student nurses spent in the department varied from one day to five and a half days. In all, 111 student nurses and trained staff were dealt with during the year.

In addition to lectures from different members of the staff, observation visits to clinics were arranged and the students accompanied health visitors and home nurses into the homes of the people.

Each programme had a three-fold purpose. First, to help the student nurse to an awareness of the relationship between social and environmental conditions and disease, and to view the patient as a person belonging to a family. Second, to emphasise the health as well as the sickness needs of the patient. Thirdly, to give some knowledge of the services available for healthy and sick people in their own homes.

Discussion, which was encouraged whenever time permitted and at the end of each course, was lively and thought provoking—a contrast indeed to the inarticulate probationer nurse of past decades.

A welcome feature was the inclusion of trained staff, accompanying groups of students. If the student nurse is to appreciate the full needs of her patients, she must spend more time with them discussing their problems and less time performing routine ward duties. Whether or not this is regarded as " wasted time " depends upon the co-operation and understanding of ward sisters.

The number of student nurses and hospital staff attending the Health Department is increasing, revealing problems related, in the main, to the lack of suitable accommodation for lectures and demonstrations.

Notwithstanding these difficulties, the student nurses and sisters enjoyed and benefited from the time spent in the Health Department.

Preconceived ideas, arbitrary standards drawn from limited experience gave way to a new understanding which can only result in greater benefits for the patient.

Tuberculosis.

The number of notifications of pulmonary tuberculosis was the lowest recorded for several years—164, including one posthumous notification, plus 22 additional cases transferred in from other areas. Five adults and three children were notified following contact examination.

There was a big improvement in the home visiting programme compared with that for the previous year. Patients who go out to work present a difficulty both as regards attendance at the Chest Clinic and visiting in the home. In the latter case evening visits are paid by the health visitor, but these patients often refuse to ask for time off to attend the Chest Clinic, although they say they would attend an evening session were one available.

Bad housing conditions remain an important factor militating against the success of the health visitor's teaching in the home. Special reports on home conditions are compiled by the health visitor which are used as a basic for recommendations from the Health Department for the re-housing of these patients and their families.

Liaison between the Chest Clinic and health visiting staff improved during the year but could be improved further. It is hoped next year to provide facilities for patients attending the Chest Clinic to discuss any social and other problems with a health visitor, who will be present mainly for this advisory purpose, and who will not take part in the general running of the clinic. The health visitor in question may, in addition, help to further liaison by effecting an interchange of information concerning clinic findings on the one hand and home and social conditions on the other. At present there are no facilities in the Chest Clinic for a health visitor to interview patients privately ; this difficulty will be obviated when the clinic is transferred to Hope Hospital, where more rooms are available.

Nursing staff assisted with Mantoux Testing and B.C.G. vaccination of children in schools throughout the year, and health visitors continued to carry out follow-up work in connection with the Medical Research Council B.C.G. Investigation. As was found in previous years this entailed mainly evening visiting.

Home Visits, 1954.

HEALTH VISITORS AND CLINIC NURSES.

*Visits to children under 1 year	11,560
* ,, ,, ,, 1–5 years	19,897
,, ,, expectant mothers (excluding expectant unmarried mothers)	295
,, ,, adults (individuals, 312)	465
,, ,, tuberculous patients	3,235
Medical follow-up visits—children 5–15 years	700
Cleanliness ,, ,, ,, 5–15 ,,	710
B.C.G. ,, ,, ,, adolescents	630
Mental health visits	92
Miscellaneous visits—children 5–15	605
Visits by special nurse *re* breast feeding	651
,, to aged persons	4,800
,, ,, unmarried mothers (including expectant unmarried mothers)	309
Special visits (including surveys)	1,450
TOTAL VISITS	45,399
Visits (clinic nurses) *re* diphtheria immunisation	4,016
TOTAL GENERAL AND DIPHTHERIA IMMUNISATION	49,415
Additional visits—no access (general)	8,390
,, ,, ,, ,, (diphtheria immunisation)	1,626
GRAND TOTAL VISITS	59,431

* Including special visits to illegitimate children.

HYGIENE ATTENDANTS.

Follow-up defaulters (eye clinic)	120
,, scabies	125
Visits for bathing of elderly persons	468
,, ,, ,, ,, babies	22
Miscellaneous visits (assist with preparation of and bringing children to centre—disinfestation, etc.)	114
TOTAL VISITS	849
Additional visits—no access	5
GRAND TOTAL VISITS	854

Clinic Work.

Type of Clinic	Health Visitors	Clinic Nurses	Hygiene Attendants	Total
Infant Welfare	2,863	443	243	3,549
Ante- and Post-natal	536	144	2	682
Chest	9	272	...	281
Family Planning	6	55	...	61
School (Minor Ailments)	4	2,220	1,014	3,238
Mobile (,, ,,)	...	399	396	795
School Clinic (General Medical)	3	1,052	35	1,090
,, ,, (Specialist)	...	759	653 (eye clinic)	1,412
Infant Welfare (Specialist)	63	...	...	63
Miscellaneous	48	55	67	170
Chiropody	...	...	340	340
Scabies	...	...	108	108
Orthopædic	...	...	36	36
Disinfestation	...	...	120	120
Relief work Occupation Centre	...	...	1	1
Aged persons	15	104	...	119
TOTAL SESSIONS	3,547	5,503	3,015	12,065

Time Distribution.

	General Health Visitors	Specialist Health Visitors	Clinic Nurses
Domiciliary	32·94%	19·72%	17·75%
Clinics	30·22%	...	56·9%
Schools	10·53%	...	13%
Miscellaneous	5·2%	...	2·88%
Clerical, Liaison, Interviewing, etc.	21·11%	60·77%	9·57%
Hospitals	...	15·21%	...
Student Lectures	...	4·3%	...

Educational Activities.

Group talks to mothers attending the various clinics throughout the City were given by health visitors whenever an opportunity presented itself, in addition to the organised talks to expectant mothers, which took place in collaboration with the midwives.

Models illustrating various aspects of health education are prepared and kept at the health department, and sent out to Centres as required. These include displays of specimen meals suitable for children from the weaning period onwards—realistically made from wax. Other sections include suitable footwear for young children, models of healthy feet at different ages, model clothing for babies and toddlers ; home-made toys of a type to encourage muscular development and to stimulate the mental faculties of children in varying age groups.

Mothers who do not attend a centre have not been overlooked. Displays were shown to the general public in the windows of the health department, and for the benefit of those who are unable to attend the cookery demonstrations at the centres, recipes and instructions for making easily prepared, as well as economical, nutritious and appetising dishes, were sent for publication to the " City Reporter."

Requests were met from time to time for health visitors to speak to members of outside organisations. These have included :—

Church Groups.
Parent Teacher Associations.
Toc. H. Women's Section.
Mothers' Social Clubs.
Handicapped Children's Parents' Club.
Darby and Joan Clubs.
British Red Cross.

Visual aids, flannelgraphs and film strips were used to illustrate talks, and discussion was encouraged.

On several occasions recorded film strips were used presenting a situation in an ordinary family, but giving no solution to the problem. The solution was reached through discussion by the group. This kind of teaching was particularly successful with groups composed of parents of both sexes.

There are many opportunities for health education outside the department, and, whilst not all health visitors have the aptitude and interest necessary for success in this extremely important aspect of work, some have a natural flair for teaching, and to them much of this work falls.

Care of the Aged and Infirm

The number of aged and infirm persons dealt with by the Health Visiting Section in 1954 was 3,081, *i.e.*, 14·27% of the elderly population (21,600). Of these the number of new cases notified during the year was 1,079.

As will be seen in the ward distribution overleaf, there is a demand for the service by such areas as, *e.g.*, parts of Claremont, Kersal, Mandley Park and Weaste—greater in some instances than that arising in the poorer parts of the City.

Ward Distribution.

	Notified during 1954.	*On Register December,* 1954.
Albert Park	103	206
Charlestown	88	198
Claremont	84	185
Crescent	45	94
Docks	68	155
Kersal	56	109
Langworthy	83	206
Mandley Park	77	158
Ordsall Park	58	154
Regent	88	196
St. Matthias	54	129
St. Paul's	57	150
St. Thomas	44	147
Seedley	43	132
Trinity	67	132
Weaste	64	154
Total	1,079	2,505

Age Distribution.

60—64 years	207	388
65—69 ,,	225	508
70—74 ,,	275	657
75—79 ,,	212	539
80—84 ,,	129	319
85—89 ,,	21	74
90+ ,,	10	20

State of Activity.

Ambulant	495	1,275
Semi-Ambulant	242	558
Housebound	210	543
Bed-ridden	132	129

Financial State.

Supplementary Pension	682	1,740
Retirement Pension	350	671
Working	47	94

Living Alone.

247 (22·9% of all referred)	687 (27·4% of total)

Cases were referred during 1954 by the following :—

Hospitals	230
Found by Specialist Health Visitor for the Aged whilst visiting	208
Home Help Service	157
District Nurses, Blind Welfare and other Statutory Bodies	107
General Health Visitors	105
Relatives and friends	92
Civic Welfare Department	83
General Practitioners	66
Mental Health Department	9
Sanitary Inspector	8
Voluntary Organisations	8
Housing Department	6

Reasons for referral during 1954 were associated with the following :—

General care	204
Chest condition	135
Vascular diseases	131
Rheumatic conditions	121
Cardiac ,,	99
Senile mental ,,	96
Cancer	56
Alone and neglected	25
Blindness	22
Diabetes	17
Kidney diseases	10
Incontinence	9
Deafness	6
*Miscellaneous	148

* Include gastric disorders, ulcerated legs and orthopædic conditions other than of rheumatic origin.

Referrals were made by the Health Visiting Section as follows :—

Home Helps	759
Care of relatives	234
Civic Welfare	190
Meals on Wheels	152
General Practitioners	123
Darby and Joan Clubs	122
Home Nurse	119
Hospitals	111
Chiropody (Hospital O.P.D. 86, Mobile 6)	92
National Assistance Board	69
Other Statutory and Voluntary Organisations	69
Cripples' Aid Society	65
Blind Welfare	62
Sanitary Inspectors	59
Clergy	34
Mental Health Department	32
Bathing Attendant	32
Manchester and Salford Council of Social Services	28
Laundry Service	11

Visits paid during year	4,716
Additional " no access " visits	1,317
Office interviews	161
Talks given—Clubs, Meetings, etc.	10

During the year :—

Patients admitted to hospital	98
,, ,, ,, L.A. Homes	53
,, removed from Salford during year	75
,, died during year	350

Total remaining on visiting list at the end of last five years :—

31st December,	1954	...	2,505	Increase	852	over	previous	year's	figures.
,, ,,	1953	...	1,653	,,	302	,,	,,	,,	,,
,, ,,	1952	...	1,351	,,	343	,,	,,	,,	,,
,, ,,	1951	...	1,008	,,	218	,,	,,	,,	,,
,, ,,	1950	...	790						

It will be seen from the foregoing that although the total number of cases dealt with during 1954 was 3,081, the total number of visits paid was only 4,716, an average of under two visits per case. It is obvious, therefore, that the needs of the aged and infirm are not being met. All cases should be visited at least twice during the year—many need visiting weekly or even daily, for a time.

Almost half the cases remaining on the register in December were partially or completely housebound, these people are in particular need of regular supervision. Over a quarter (27·4%) of those on the register live alone and for them the question of regular supervision is equally important.

Good co-operation was maintained with other statutory and voluntary agencies ; chiropody services and the meals-on-wheels service have been well used and appreciated. The demand for the laundry service has not been so great as anticipated despite the fact that, thanks to a generous donation from the Inner Wheel, we now have a small stock of sheets and draw sheets for issue on loan.

We are much indebted to the student nurses from Salford Royal Hospital, who gave a generous donation to the Fund following the organisation of a " Bring and Buy Sale," and to the Racecourse Charities, who also kindly subscribed.

Prevention of home accidents is an important feature of work for the elderly. A donation from the Mayor's charities to our Elderly Persons' Fund was used to help to provide a stock of fireguards, two dozen of which were on loan to the elderly at the end of the year. The Fund has also helped in other ways, namely, provision of blankets, window repairs, and so on.

In order to enable known cases to get in touch with the department, arrangements were made for the health visitor at her first visit to leave a printed card to be posted if the person in question required help or advice ; a visit was then arranged at once. This innovation has proved to be very helpful ; some persons who are able to do so now write to the Department whenever a fresh development needing the Service arises.

It is a distressing fact, however, that more and more hitherto undiscovered cases of real need among the aged sick folk of this City are being reported to the Health Department for action. These cases demand immediate attention as they are all people in urgent need of medical and nursing help.

The following details of one of the cases dealt with by staff of the Health Visiting Section gives an idea of some of the difficulties involved in medico-social work for the aged and infirm. This is by no means the only case of its type.

Mrs. X, 68 years, was referred towards the end of 1953. When the health visitor called the woman opened the door, was half-dressed in torn clothing ; bare feet ; skin very dirty ; hair verminous. The house was dilapidated and filthy. Bedroom contained a filthy mattress (no blankets or proper bed coverings) and buckets of malodorous, stale urine.

Relatives were interviewed, after which there was a big improvement. House cleaned, buckets emptied. Clothing provided by health visitor from our " Elderly Persons' Fund." Conditions were fairly good for some months ; daughter bathed her mother weekly ; son redecorated the kitchen.

The following extracts are given from the health visitor's records :—

1954. In March the daughter left ; the son became unemployed. Deterioration in cleanliness, shopkeepers compained and refused to serve her because of objectionable smell. Son interviewed and warned.

April, 1954. Unable to gain access several times. Found woman in collapsed state—transferred to Salford Royal Hospital—found to be under influence of alcohol (treated for alcoholism at Crumpsall two years previously). Relatives request admission to a Home. Examination later arranged at Chest Clinic (previous history of tuberculosis)—no tuberculous activity found. Son interviewed at Health Department by health visitor—advised re his mother's care and re procedure for admission to Home. Later decided against this.

Seen again April 14*th*—great improvement. Daughter from Midlands now staying with mother.

April 22*nd*. Advised re injury to foot. Daughter still with her—conditions remain fairly good.

End of May. Daughter left—house once more in dirty condition.

June. Again in filthy state. Room littered with empty bottles. Promised to clean up. Unable to gain access several times.

July. Seen at Home—had just been to shop to buy box of snuff. Dirty and foul-smelling. Insisted she had not had a drink despite the empty bottles round her chair. Again promised to wash and clean up. Suffering from stress incontinence of urine. Unable several times to obtain access. Son interviewed re mother's care. He gave health visitor key as it was difficult to gain admission to the house. Home bathing by hygiene attendant arranged.

July 13*th*. Health visitor and hygiene attendant called—woman in extremely filthy state—incontinent of urine and fæces—hair verminous—still drinking. Bathed and de-loused.

July 27*th*. Again filthy—covered with fæces. Oedema and septic areas on legs. Not suitable case for Homestead. Referred to own doctor. Cleansed and bathed.

July 30*th*. Now confined to bed. Incontinent of fæces. Some breathlessness. Doctor attending. Referred for laundry service, loan of sheets. Son advised.

August 1*st*. Still in bed—fairly well cared for by son who has been off work. Condition improved. Now refuses laundry service, as son states no longer incontinent fæces—urine soaked sheets are washed by daughter, now living in the area, who has washing machine. No evidence of empty bottles today.

August 8*th*. Leg now healed. Son working. Daughter still doing washing. Bed fairly clean.

September. Seen going across to Tavern. Advised against this—looked ill.

November 9*th*. Lying on floor on bundle of rags before fire—three empty beer bottles and one larger one half full by her head. Awakened by health visitor and able to carry on lucid conversation. Has refused bathing assistance.

November 22*nd*. Rapid deterioration. Referred to Mental Health Department but case not accepted. Says she feels well.

December. Telephone message from Housing Department—woman found during survey in much the same state as on 9th November, 1954. Visited 5-30 p.m.—woman sitting by candle light, dirty and smelling. Had just finished good meal of fish and chips. Needs more clothing. Refused to allow health visitor to see bedroom. Health visitor suspects she has no proper sleeping facilities.

December 8*th*. Health visitor took some clothing. Ashes piled high—says can't use dustbin because filled by raincoat manufacturers next door (referred to Sanitary Inspector). Will consider admission to Homestead.

December 13*th*. Reported to Medical Officer of Health. Arrangements were later made for admission to the Homestead.

In some of the cases living alone another factor to be considered is the comparative frequency of the need for the health visitor to light a fire, take out ashes, prepare hot drinks or meals, clean up a patient, not acutely ill perhaps, but soiled with urine and fæces. Not a health visitor's job, one might say, but what health visitor could visit and see an old man or woman in such need without making some effort to meet it. At the same time, as the health visitor meets the need, the urgency no longer exists and no other agency can be prevailed upon to help. The same need presents itself at the health visitor's next visit—she meets it—and again the situation is relieved for the time being. If the health visitor did nothing to relieve the situation, the aged person in question might exist for a day or two until perhaps a neighbour would bring in the police, in which case a hospital bed would speedily be found ; the case by this time would urgently need hospitalisation.

The Home Help Organisation is not sufficient to meet this need, such cases need visiting at least once if not twice *every day*. The Health Visiting Service is hampered by having to spend time on such duties which, after all, do not need for their performance the services of a trained nurse, much less those of a health visitor. Although needs of this kind are not common, a few are sufficient to disrupt the programme of work which only the health visitor can do.

One might consider also, on reading some of our case histories, that official action to enforce removal under Section 47 of the National Assistance Act might have been taken in some of the cases.

Apart from the fact that one is loathe to use compulsory powers of removal from home of any aged person, there are many difficulties involved in operating the provision of the Act. In the first place, the wording of the Act limits proceedings to comparatively few cases. Furthermore, the person concerned can refuse to comply with the Order, and although by so doing he is guilty of an offence he cannot be compelled by *force* to leave his " home." Nor, having been admitted can he be detained against his will if he wishes to leave either hospital or Part III accommodation before the expiration of the period named in the Order.

The special department already set up within the Health Visiting Section for care of the aged and infirm in the City is to be reviewed in 1955 and an endeavour made more adequately to meet the needs. Provision should be made for better follow-up of cases known to the department ; there should be available a staff of the " orderly " type to meet immediate needs of elderly persons found to be without warmth or food, either due to inability to do shopping or to prepare a fire or meal ; or when found to be soiled with urine and/or fæces. Placing such persons on a waiting list for a Home Help or a Voluntary Worker to do the shopping is not the answer to this problem. At present there is no official provision for hygiene attendants even to carry out home bathing ; the time they spend (one session per week each) is managed without serious interference with their official duties but cannot be extended. Incidentally, the number of elderly persons needing help in this way far exceeds the means available to meet requirements.

Elderly Persons' Clinic.

Special sessions where elderly persons are invited for a medical check-up have been held at Langworthy and Crescent Clinics weekly throughout the year. General practitioners are notified a week in advance of invitations being

sent out ; two only have preferred their patients not to attend. Minor treatments are undertaken at the clinic and physiotherapy and chiropody for a limited number. Efforts were made to create an informal atmosphere, and cups of tea helped to make the visits to the clinic a pleasant social occasion.

Particulars are given below :—

	Females (108)	*Males* (92)
Number attending once	73	61
,, ,, twice	32	21
,, ,, three times	3	7
,, ,, four ,, ...	—	4
Age Groups :—		
50—59 years	7	1
60—64 ,, ...	20	9
65—69 ,, ...	37	35
70—74 ,, ...	27	26
75—79 ,, ...	15	18
80—85 ,, ...	2	2
85—90 ,, ...	—	1
General Condition :—		
Good	40	8
Fair	52	73
Poor	6	11
The Main Physical Conditions Found :—		
Cardiac Disease	19	7
Arthritis	17	7
Diabetic	2	2
Senility	4	—
Chest Conditions	7	28
Nephritis	1	1
Vascular	11	10
*Miscellaneous	47	37
Deaths occurring in those who attended during the year	3	1

* Including defective vision, deafness, herniæ, etc.

An interesting report on the work of these two Clinics since their inception has been supplied by the Health Visitor who previously supervised this work, but has taken up an appointment with the Lancashire County Council.

The Clinics were begun as an experiment in 1953, and in Table I an attempt has been made to present the social picture of those elderly people who attended the Centres. The marked difference in the attendance made by men and women is accounted for by the fact that the women's centre was started two or three months earlier. The average attendances at both male and female centres were between four and five per session. Most of those who attended were favourably impressed by the thorough medical overhaul which they received and many expressed a very important factor —" the doctor has time to listen to you."

ELDERLY PEOPLE'S WELFARE CENTRES IN SALFORD 1953-1954.

MALE — TABLE 1 — FEMALE

Category		60–65	65–70	70–75	75–80	80+	Totals	60–65	65–70	70–75	75–80	80+	Totals	Grand Totals
Housing	A	1	2	7	4	—	14	7	14	13	4	1	39	53
	B	9	20	14	6	1	50	10	15	10	7	—	42	92
	C	—	2	5	5	1	13	9	19	11	5	2	46	59
	D	1	2	2	1	—	6	—	2	2	1	—	5	11
Totals		11	26	28	16	2	83	26	50	36	17	3	132	215
Occupation	A	2	4	1	0	0	7	1	5	1	—	—	7	14
	B.1	5	6	12	7	1	31	15	13	8	5	2	43	74
	2	2	5	5	5	1	18	1	2	2	3	—	8	26
	C	2	—	1	—	—	3	—	1	1	—	—	2	5
	D.1	—	6	7	—	—	13	1	5	4	2	—	12	25
	2	—	5	2	4	—	11	—	2	3	—	—	5	16
Totals		11	26	28	16	2	83	18	28	19	10	2	77	160
Social Activities	A	4	4	2	—	—	10	2	6	1	—	—	9	19
	B	2	11	10	7	—	30	10	28	22	14	3	77	107
	C	5	11	16	9	2	43	14	16	13	3	—	46	89
Totals		11	26	28	16	2	83	26	50	36	17	3	132	215

KEY — TABLE 1

HOUSING.
- A. Living alone.
- B. Married living with spouse.
- C. Living with relatives as Family Unit.
- D. Lodgings.

OCCUPATION.
- A. Manual Workers Working.
- B. Manual Workers Retired.
- B.1 Manual Workers Retired, Health.
- 2 Manual Workers Retired, Age.
- C. Sedentary Workers Working.
- D.1 Sedentary Workers Retired, Health.
- 2 Sedentary Workers Retired, Age.

SOCIAL ACTIVITIES.
- A. Working.
- B. Club Membership.
- C. None.

This table shows some interesting points.

Housing Situation.

	Men Percentage	*Women Percentage*
Living alone...	17	29
Living with their spouses ...	60	32
Living with relatives	16	35
Living in lodgings	7	4

Occupational Analysis.

These figures are enlightening because the general impression is that people tend to retire because of age, but among those who attended the Clinic the greater number had retired because of ill-health.

Manual Work.	*Men*	*Women*
Working	13%	12%
Retired because of Health ...	55%	74%
Retired because of Age ...	32%	14%

Sedentary Occupations.	*Men*	*Women*
Working	11%	10%
Retired for Health Reasons ...	48%	63%
Retired for Age Reasons ...	41%	27%

The numbers relating to women include married women who have worked continuously since marriage.

Social Activities.

Excluding the people who were working and who were well occupied 36 per cent. of the men and 59 per cent. of the women attended clubs : Darby and Joan clubs, bowling green clubs, church activities, etc. 52 per cent. of the men had no outside activities. They stated that they preferred their own fireside, whilst 34 per cent. of the women stated they had enough to do with housework, mending, knitting, etc.

The people were invited to the clinic by letter—latterly the general practitioners were informed regarding the invitation, but some attended of their own accord—the clinic being publicised in Darby and Joan Clubs, Child Welfare Clinics, etc.

MALE TABLE 2 FEMALE

Category		60–65	65–70	70–75	75–80	80+	Totals	60–65	65–70	70–75	75–80	80+	Totals	Grand Totals
A	1	9	23	26	14	2	74	26	49	35	17	3	130	204
	2	2	3	2	2	—	9	—	1	1	—	—	2	11
Totals		11	26	28	16	2	83	26	50	36	17	3	132	215
B	1	6	10	8	5	2	31	17	23	13	10	2	65	96
	2	5	15	20	11	—	51	9	27	22	7	1	66	117
	3	—	1	—	—	—	1	—	—	1	—	—	1	2
Totals		11	26	28	16	2	83	26	50	36	17	3	132	215
C		4	14	11	8	1	38	13	29	12	6	—	60	98
D	a	1	1	3	2	1	8	4	3	4	3	—	14	22
	b	10	25	25	13	1	74	19	44	32	10	3	108	182
	c	—	—	—	1	—	1	3	3	—	4	—	10	11
Totals		11	26	28	16	2	83	26	50	36	17	3	132	215
E	1	4	8	11	1	—	24	2	8	—	2	1	13	37
	2	—	1	1	—	—	2	4	3	4	3	—	14	16
	3	1	4	2	2	—	9	3	2	2	2	1	10	19
	4	3	2	—	1	—	6	9	10	4	4	—	27	33
	5	—	2	6	2	—	10	4	8	8	4	—	24	34
	6	—	—	1	2	—	3	—	6	11	3	—	20	23
	7	—	—	1	1	—	2	3	3	1	4	1	12	14
Totals		8	17	22	9	—	56	25	40	30	22	3	120	176
F	1	—	—	3	—	1	4	2	2	1	1	—	6	10
	2	6	16	24	11	1	58	20	43	32	12	3	110	168
	3	1	5	1	3	—	10	4	5	3	4	—	16	26
Totals		7	21	28	14	2	72	26	50	36	17	3	132	204
G	1	—	1	3	2	1	7	1	5	3	—	—	9	16
	2	—	4	7	4	—	15	4	17	13	4	1	39	54
	3	—	2	4	1	1	8	4	7	8	3	1	23	31
Totals		—	7	14	7	2	30	9	29	24	7	2	71	101

Table 2

CLEANLINESS — A.
1. Clean.
2. Dirty.

MEDICAL ATTENTION — B.
1. Regularly.
2. Occasionally.
3. No doctor.

CHEST X-RAY IN PAST 2 YEARS — C.

GENERAL CONDITION — D.
(*a*) Good.
(*b*) Fair.
(*c*) Poor.

PREVIOUS MEDICAL HISTORY — E.
1. Chest Conditions.
2. Heart and Circulation.
3. Abdominal.
4. Operative Treatment.
5. Orthopaedic.
6. Nervous Conditions.
7. Others.

CLINICAL FINDINGS.
Eyes — F.
1. Defects not remedied by glasses.
2. Wearing Glasses.
3. Needing Glasses.

Ears — G.
1. Hearing Aid
2. Wax + +
3. Defects other than deafness.

Teeth — H.
1. Own.
2. Dentures.
3. None.

MALE TABLE 2 FEMALE

Category		60–65	65–70	70–75	75–80	80+	Totals	60–65	65–70	70–75	75–80	80+	Totals	Grand Totals
H	1	2	3	4	2	—	11	1	2	6	—	—	9	20
	2	8	20	20	13	2	63	25	46	28	16	3	118	181
	3	1	3	4	1	—	9	—	2	2	1	—	5	14
Totals		11	26	28	16	2	93	26	50	36	17	3	132	215
I		—	1	2	—	—	3	4	5	2	1	1	13	16
J		—	—	1	—	—	1	3	4	3	—	—	10	11
K		4	8	8	3	—	23	16	32	30	16	3	97	110
L		5	10	11	2	—	28	2	9	9	4	—	24	52
M		2	7	10	5	1	25	6	7	10	6	3	32	57
N		—	2	2	1	—	5	9	12	7	3	—	31	36
O		1	—	1	—	1	3	1	1	1	—	—	3	6
P		2	3	3	5	—	13	12	37	23	12	—	84	97
Q		—	2	2	1	—	5	2	1	3	—	—	6	11
R		2	2	3	2	1	10	12	12	10	4	2	40	50
S		1	3	3	3	—	10	8	19	17	6	—	40	50
T		3	2	1	3	—	9	—	—	—	—	—	—	9
U		1	1	—	—	—	2	—	—	—	—	—	—	2
V		1	4	6	4	—	15	—	—	—	—	—	—	15
W		1	2	1	1	—	5	—	—	—	—	—	—	5
X		—	—	1	1	—	2	—	—	—	—	—	—	2
Y		—	—	1	—	—	1	1	—	—	—	—	1	2
Z		—	2	1	—	—	3	1	—	—	—	—	1	4

Table 2

Nose and Throat — I.
Cervical Glands — J.
Heart and Circulation — K.
Lungs — L.
Abdominal — M.
Nervous Disorders— N.
Genito-urinary Tract — O.
Orthopaedic — P.
Others — Q.

REFERRALS.
General Practitioner — R.
Chiropody — S.
Optician — T.
Cleansing — U.
Ear Wash Out — V.
X-Ray Chest (M.M.R.) — W.
Vitamins (from clinic) — X.
Hospital — Y.
Deaths since attending Clinic — Z.

Table II, which is of necessity large to include previous history, findings and referrals, gives a fairly comprehensive picture of the medical state of the people who attended the clinics.

The general standard of **Cleanliness** as indicated by A was extremely good, only 11 of the total 215 were dirty, and of this number only two men were bad enough to require cleansing.

Medical Attention received is shown under :—

B.	*Regular Medical Attention*	*Occasional*	*None*
Males...	37%	62%	1%
Females	49%	50%	1%

By regular attention is meant that the patient is seen by the doctor at least once every three months.

C. Chest X-ray within the past two years.

Males 46% Females 45%

This was included on the chart, as a Mass Miniature Radiography Unit was visiting Salford at the time the clinics were established. The above figures do not include the people referred for X-ray from the clinics.

E. Previous Medical History. The figures quoted relate to what the patient stated he or she had suffered or was suffering from and is not related to the findings of the medical examination.

	Male	*Female*	
Chest conditions	18%	10%	
Heart and circulation	2%	12%	(incl. varicose veins)
Abdominal complaints	11%	8%	(including herniae)
Operative cases (independent of reason)	7%	20%	
Orthopaedic (including chiropody)	12%	18%	
Nervous disorders	3%	15%	
Others	3%	9%	

The medical examination revealed the following figures :—

Eye Conditions.	*Male*	*Female*
Suffering from defects not curable by optical aids (senile cataracts, etc.) ...	5%	4.5%
Suitable spectacles	69%	83%
Needing spectacles	12%	12.5%
Not requiring optical aids	14%	Nil
Ear Conditions.		
Hearing aids	9%	4%
Wax to such a degree as to require attention	18%	29%
Defects other than deafness	10%	17%

STATE OF TEETH.		
Own teeth (in most cases requiring dental treatment)	13%	7%
Suitable dentures	76%	89%
Requiring dentures	11%	4%
NOSE AND THROAT CONDITIONS.		
Found to be suffering from some defect of the nose and throat, including nasal polypus, etc.	3.5%	10%
CARDIO-VASCULAR CONDITIONS.		
Varicose veins are included under this heading which probably accounts for the very high percentage of women. The actual diagnosis "arterio-sclerosis" was rarely mentioned on the case sheet	28%	73%
RESPIRATORY CONDITIONS.		
This includes bronchitis, asthma, etc. ...	34%	18%
ABDOMINAL CONDITIONS.		
Herniae, visceroptosis, etc., are included...	30%	24%
NERVOUS DISORDERS	6%	24%
GENITO-URINARY DISORDERS	4%	2%
ORTHOPAEDIC CONDITIONS.		
These figures include rheumatism, chiropody needs, etc.	16%	64%
OTHER DISORDERS.		
e.g., diabetes, etc.	6%	4%

Referrals.

At the Male Centre where facilities were readily available, some minor ailment treatment was carried out, but at the Female Centre, which was not so conveniently equipped, most of the cases were referred to their general practitioners for treatment.

	Male	*Female*
Referred to general practitioner	12%	30%
Referred for chiropody treatment	11%	30%
Referred to optician	11%	Own doctor
Referred for cleansing	2%	Nil
Referred for ear treatment	18%	Own doctor
Referred to Mass Radiography Unit ...	6%	Nil
Referred for extra vitamins	2%	Nil
Referred to hospital (direct)	2%	1%
Deaths since attending clinic...	2%	1.6%

Neither of the tables gives an indication of the advice given regarding financial states, hygiene, etc., by the health visitor, but she is kept fully occupied dealing with such problems. The maximum number which could be dealt with comfortably at any session was between six and seven, as a full physical examination of old people takes a considerable time ; dressing and undressing is a slow procedure. The very real medical and social problems which the old folk wish to talk about are many once they find a sympathetic listener. Perhaps this is one of the greatest benefits of the clinic —the reassurance gained is time well spent.

One feels that in view of the medical findings and the number that could benefit by treatment, that the clinic fulfils its purpose, not only from a medico-social point of view but also from a purely medical point of view, and that although the examinations were time taking and tedious, they were of some value in promoting better health amongst the elderly.

Hospital Liaison

Liaison between Hope and Ladywell hospitals and the health department continued along the lines previously laid down and can now be said to be firmly and satisfactorily established. The specialist health visitor who acts as liaison officer is accepted and welcomed as a member of the paediatric team at Hope Hospital, and receives the full co-operation of ward sisters and of other medical staff from both hospitals. The general health visiting staff increasingly use the service to pass on or request information about out-patients as well as in-patients, and this has been of great value.

Continuity is maintained with the School Health Service by the liaison health visitor working with the paediatrician at the consultant school clinic ; to which many school children are referred after discharge from hospital.

Educational work, individual and collective has been carried out in the clinics and in the out-patient department for parents of the children concerned. Discussion with the nursing and medical staff regarding the children's home background and what services the health department can offer to help them is also an important feature of the liaison health visitor's work. Questions and discussion are therefore encouraged, not only in the clinics, but throughout the hospitals.

With increasing calls upon her time by health visitors, medical and nursing staff, the time needed for the interchange of information increased also, and to keep written work down to a minimum every effort was made to contact health visitors personally. Even so clerical work accounted for much time needed elsewhere.

Hope Hospital.

The total number of children admitted to Hope Hospital was fewer—1,612 compared with 1,857 in 1953. Over half the admissions were concerned with tonsils and adenoids, of the 828 children admitted for tonsil operations 28 had to be discharged without operative treatment because of infectious illness and were re-admitted later.

Acute Chest admissions were fewer, 90 against 116, but re-admissions were increased—15 against 9 in 1953.

Chronic Chest admissions were slightly fewer—33 plus 10 re-admissions compared with 38 and 11 the previous year.

Upper Respiratory Infections rose to 43 from 34—the re-admissions remaining constant at 3.

Rheumatism and Chorea admissions were practically unchanged—25 against 24 in 1953 and 24 in 1952.

Dietary Upsets again showed a decline, an indication of the success of the health visitors' work—16 compared with 21 in 1953 and 38 in 1952.

Primary Complex and Tuberculous pulmonary infections were almost halved—7 compared with 13. Of these and the two cases of Tubercular Meningitis two infections could not be traced to their source.

Acute Otitis Media occurred in 40 cases—95 per cent. of the children were under three years of age and 60 per cent. under one year.

One wonders what is the incidence of this disease in children of this age group not so severely ill as to warrant admission to hospital. It would seem likely that in many cases the foundation of chronic otitis media in the school child is laid at this early age.

Mental and Emotional aspects as causes of physical illness were diagnosed in 15 cases. As this aspect of ill-health is now so much to the fore, particulars relating to these children may be of interest. No organic cause for the signs and symptoms of physical illness could be found.

1. Father had deserted family, mother very bitter, child upset.
2. Girl of 12 years who slept in same room as parents who " did not agree." Mother had had rheumatism.
3. Domestic friction, father drinks, mother goes out to work, child over-fussed by grandmother with exacting standards of behaviour.
4. Mother under care of Mental Health Department.
5. Father dead. Over-indulgent mother.
6. Supposedly assaulted by man few years ago (girl now 13 years).
7. Child excessive fear of leaving her mother.
8. Bad family mental history. Brother attending Child Guidance Clinic, mother under care of psychiatrist. Child just started at Grammar School.
9. Mother chronic ill-health. Child worried about her.
10. Child " pushed " at school work by mother.
11. Mother started work, no-one at home when child returned from school, resented mother's absence.
12. Father dead. Mother indulges child's brother, the only boy in family.
13. Child's friend had died suddenly, very upset, haunted by fear of dying.
14. Trying with great difficulty to keep up with other children at school.
15. A variety of reasons, this child was referred to the Child Guidance Clinic.

In addition to these children a further 31 were admitted with abdominal pain for which no organic cause and no obvious psychological cause was found.

Some of the social factors which may have contributed to the illness leading to admission are given below, and are significant in their implied relationship to mental and emotional disturbance as well as physical illness in children. These facts were all obtained from the general health visitors' reports to the liaison health visitor, and involve 32 per cent. of all admissions (excluding tonsils and adenoids) i.e. 32% of 784.

1.	One parent only :	
	(a) Death or separation	31
	(b) Illegitimacy	21
2.	Parents cohabiting and children illegitimate	11
3.	Domestic friction	18
4.	Father frequently unemployed	16
5.	Father chronic ill-health	23
6.	Mother going out to work full-time	76
7.	Mother suffering ill-health	43
8.	One parent in prison	8
9.	One parent psychologically disturbed	22
10.	„ „ in mental institution	13
11.	Broken home (admitted from Homestead)	2
12.	„ „ (admitted from Children's Home)	5
13.	One parent on probation (known)	1
14.	History of tuberculosis in family	49

It is especially significant that the largest single factor is the mother going out to work—76 cases ; and next the children deprived of one parent —73 cases.

The relationship between the type of home and the admission of more than one child from any particular family is shown below. These figures do not include cases admitted for tonsillectomy.

Single admissions came from 674 families and two or more children admitted from 44 families (involving 110 children).

HOMES ARE CLASSIFIED BELOW :—

Single admission per family			*Two or more admissions per family*		
A (Good)	295	43·7%	7-16·9%	(17 children	15·4%)
B (Fairly good)	278	41·2%	22-50%	(42 „	38%)
C (Poor)	59	8·7%	8-18%	(23 „	21%)
D (Bad)	42	6·2%	7-16%	(28 „	25·4%)
	674		44 families (110 children)		

N.B.—Category " D " denotes " problem family " status.

REASONS FOR ADMISSION :—

Acute Chest	90
Chronic Chest	33
Upper respiratory infections	43
Rheumatism and Chorea	25
Ear, Nose and Throat	114
Surgical	133
Pyloric	7
Orthopaedic	60
Abdominal	28
Psychological disturbances	18
Enuresis	13
Neo-natal sepsis	20
Hypercalcaemia and Renal Acidosis	3
Home Accidents	19
Obesity	3
Meningitis	4
Encephalitis	2
T.B. Meningitis	2
Epilepsy	11
Infective Hepatitis and neo-natal jaundice	17
Anaemia	6
Allergy (dietary)	2
Feeding errors	16
Cardiac	2
Primary Complex and Pulmonary Tuberculosis	7
Urinary infections	29
Coeliac Disease	3

Re-admissions.

One hundred and seven children were re-admitted, six of whom were admitted for investigation, 13 for follow-up treatment of orthopaedic conditions, and 23 with a second diagnosis.

Of the remainder, acute (15) and chronic (10) chest conditions were the predominating causes. There was no appreciable significance in the home classification of children re-admitted, although adverse social factors were involved in 29% of children re-admitted.

The number of times individual children were dealt with by the liaison health visitor as in-patients, or attending out-patient or Consultant Clinics was 4,857, and in all 4,925 referrals were made to health visiting staff.

Convalescence was arranged for medico-social reasons in 40 cases, discharge was delayed in 14 and expedited in six cases. Three children were recommended for admission to a residential open-air school.

Ladywell.

The routine followed at this hospital is on different lines from that at Hope Hospital. The liaison health visitor does not accompany medical staff during ward rounds, but confers with medical, nursing staff and almoning staff. A good relationship has been established.

The total admission of children during the year was 213. The number admitted suffering from gastro-enteritis was reduced from 32 in 1953 to 19 in 1954, but this improvement was offset by an increase in admissions due to Sonne dysentery from 17 to 48. Cases of salmonella typhimurium fell from 11 in 1953 to three in 1954. The number of children suffering from enteritis with no organism isolated remained much the same at 14, an increase of two over last year.

Some of the social factors associated with the home background obtained from the district health visitors, and involving 41.3 per cent. of all admissions, are given below :—

1.	One parent only :—	
	(a) Death or separation	17
	(b) Illegitimacy	12
2.	Parents cohabiting and children illegitimate	7
3.	Domestic Friction	13
4.	Father frequently unemployed	11
5.	Father chronic ill-health	6
6.	Mother working full-time	12
7.	Mother, chronic ill-health	12
8.	One parent in prison	3
9.	„ „ suffering psychological disorder	1
10.	„ „ in mental institution	3
11.	Broken home (admitted from Homestead)	1
12.	„ „ „ „ Greenbank)	1
13.	History of Tuberculosis in family	9

In 32 cases discharge was deferred on recommendation of the health visitor and a further three sent for convalescence.

Fourteen children were re-admitted, some on more than one occasion.

HOME CLASSIFICATIONS ARE GIVEN BELOW :—

Single admission per family			*Two or more admissions per family*	
A (Good)	46	32·1%	2-6·4%	(6 children 8·5%)
B (Fairly good)	57	39·8%	10-32·2%	(19 „ 27·1%)
C (Poor)	28	19·5%	7-22·5%	(18 „ 25·7%)
D (Bad)	12	8·2%	12-38·7%	(27 „ 38·5%)
	143		31 families (70 children)	

REASONS FOR ADMISSION :

Sonne Dysentery	48
Whooping Cough	38
Measles	33
Gastro-enteritis	19
Enteritis (no organism found)	14
Rubella	12
Infective Hepatitis	6
Acute Chest	6
Chicken Pox	5
Impetigo	4
Salmonella Typhimurium	3
Encephalitis	3
Scarlet Fever	1
Meningococcal Meningitis	1
Others	20
Re-admission during the year were	14

Scabies and Verminous Conditions.

The number of cases of scabies referred for treatment was again reduced.

All doubtful cases were referred for confirmation of diagnosis by extraction of a mite and examination under a microscope—undertaken by a male hygiene attendant who has received special training in this work.

For various reasons, such as old age, sickness, pregnancy, or physical handicap, it was necessary to treat 57 cases at home.

Particulars are given below :—

	New	*Old*	*Total*
*No. of adults treated	115	11	126
„ „ children 5-15	66	15	81
„ „ „ 0-5	34	3	37
Total	215	29	244
(1953)	255	48	303

*Including contacts.

Body Vermin.

Cases in this category were increased. Disinfestation of clothing and bedding was carried out in each instance.

	New	*Old*	*Total*
Persons treated aged 60 years or over	5	1	6
„ „ „ 15 to 60 years	5	—	5
„ „ „ 3 to 15 „	3	—	3
Total	13	1	14
(1953)			5

Ringworm.

Twenty-four cases of suspected ringworm were examined, and five were confirmed. Diagnosis was aided by the use of Wood's lamp ; specimen hairs and skin scrapings were subjected to microscopic examination and, where necessary, to culture.

Mild cases were treated in the minor ailments clinics ; others were referred to the Manchester Skin Hospital for epilation.

THE UNMARRIED MOTHER AND HER CHILD

Once again the year has seen interruptions and changes in the work for the unmarried mother and her child. From January to June the work was done on a part-time basis by a health visitor, from June to September there was no-one to undertake these special duties, but in September a social worker was appointed on a full-time basis. As the work for the unmarried mother and her child did not constitute a full-time job, the scope of the appointment was widened to cover some work with neglected families. Since the problems of illegitimacy and the unmarried mother are, more often than not, features of the wider problem of neglectful families, the two sides of the work are conveniently fused. Nevertheless, there are means by which the work for the unmarried mother and her child could be extended with a consequent increase in its value. At the present time, the sources of referral of the unmarried mother to this department, particularly of the expectant unmarried mother, are limited. It is felt that many of the people who come into contact with these cases are unaware that there is a special service in the Public Health Department to help and advise them.

In 1954 cases were referred to the unmarried mother worker as follows :

Expectant Unmarried Mothers.

14	cases were referred by the	Almoner, Hope Hospital.
6	,, ,, ,, ,,	Health Visitors.
5	,, ,, ,, ,,	the Worker for Problem Families.
3	,, ,, ,, ,,	Health Department Ante-natal Clinics.
2	,, ,, ,, ,,	the Children Department.
4	,, (1 each) ,, ,,	Catholic Moral Welfare, Day Nursery Superintendent, Citizen's Advice Bureau, and Midwifery Service.
	5 cases came on their own initiative.	

The referrals of the confined unmarried mother were similarly divided, although naturally there was an increase in cases referred by area health visitors after the birth of the baby.

The points to notice about these figures is that not one case was referred by family doctors or clergymen and that only a small proportion of the cases came on their own initiative. There must be many expectant unmarried mothers who turn first to their family doctors with as much privacy as possible, and it is often these who would be grateful for a chance to discuss with someone the problems of accommodation, the need to get away into a hostel or home, and the question of what to do after the baby is born. Moreover, the value of a service for the unmarried mother and her child cannot be fully realised until the *general public* is made aware that such a service exists. There have been several striking examples in 1954 of unmarried girls who have had their babies entirely without attention, who have gone through months of mental strain, disclosing the fact of their pregnancy to no-one.

Although it is certain that girls at this time need the support of their own families, it is equally certain that it is far easier for them to confide in a sympathetic stranger. Once the fact is disclosed to the worker, it is not usually difficult for her to convince the girl of the desirability of confiding in her parents, and indeed help her to do the confiding. It is felt that the frequent changes in the staffing of the service for the unmarried mother has not helped in making it a recognised and trusted service, but it is hoped that if it now becomes stabilised there will be more referrals from family doctors and clergymen and more unmarried mothers will seek our help on their own initiative.

During the year 1954, 73 cases were referred to this department and were dealt with in addition to cases brought forward from previous years.

CLASSIFICATIONS OF THE 73 CASES.

39 were unmarried expectant mothers.
34 „ confined unmarried mothers.

These two groups were classified as follows :—

OF THE 39 EXPECTANT UNMARRIED MOTHERS :—

36 were single girls — 24 first pregnancies.
6 second „
3 third „
2 fourth „
1 sixth „
2 were married and separated from their husbands.
1 third illegitimate pregnancy
1 fifth „ „
1 was a widow — third illegitimate pregnancy

THE AGE RANGE WAS AS FOLLOWS :—

16 years and under	3
17-18	4
19-25	18
25-30+	14
	39

OF THE 34 CONFINED UNMARRIED MOTHERS :—

27 were single girls — 22 with their first child.
3 „ „ second „
2 „ „ fourth „
4 were married and living apart from their husbands :
2 with their second illegitimate child.
1 „ her third „ „
1 „ „ fourth „ „
2 were widows — 1 with her first illegitimate child.
1 „ „ second „ „
1 was divorced and with three illegitimate children.

THE AGE RANGE WAS AS FOLLOWS :—

16 years and under	1
17-18	5
19-25	15
25-30+	13
	34

A classification is also made according to the type of home to which the unmarried mother and illegitimate child belong. Home visits are made by the unmarried mother worker and the area health visitor in collaboration, and on the basis of these visits agreement is reached as to the classification of the home, *i.e.*, unsatisfactory, fairly satisfactory, or satisfactory. These categories have a subjective basis, that is, they consist mainly of personal and general impressions, but the final agreement between *two* workers on a category, ensures a certain amount of objectivity. Thus the workers consider all factors : cleanliness, physical and mental health, and social relationships. The relationships between the unmarried mother and her parents, the unmarried mother and her child, and vice versa, all contribute to a general satisfactory or unsatisfactory atmosphere.

Of the 73 cases dealt with by the unmarried mother workers during 1954 :—

25 cases were thought to be living in Satisfactory home conditions.
27 „ „ „ „ „ „ „ Fairly satisfactory home conditions.
6 „ „ „ „ „ „ „ Unsatisfactory home conditions.
15 „ living in homes entered in the Neglectful Family Worker's list of those where children are neglected or potentially neglected.

It is significant that every one of the 25 cases living in satisfactory home conditions is a single girl with her first baby, reconciled with her parents, living with them and her baby accepted by them. By comparison, of the 21 cases at the other end of the scale, either classified as unsatisfactory or on the Neglectful Family list, 19 are living apart from their parents, either cohabiting with the putative father of their child or children, or living in rooms or lodgings alone. Details are known of the earlier background of many of the 21 cases and it would not be too sweeping a statement to suggest that, if information were available on the remaining cases, similar features would be found. The early background of these unmarried mothers show examples of, *e.g.*, the adolescent rejected by her parents on becoming an unmarried mother ; the woman, who is herself a product of an unsatisfactory background, that is, a neglectful family ; the girl who has grown up in an atmosphere of emotional disturbances and unsatisfactory personal relationships ; and the woman who was herself illegitimate and unwanted. It is not surprising that these girls, deprived of the understanding and love of good parents and a happy family, at a moment when they are most needed, drift further and further away from the conventional standards, always searching in vain for someone who will relieve their loneliness and give them the love they lack.

Mrs. X is a good illustration of this. Rejected by parents who had strong religious convictions, she left home at the age of 19 years to have her illegitimate child. Soon afterwards she rushed into marriage with a man not the putative father of her child and after a brief spell of complete incompatibility, they separated, never to meet again. Mrs. X drifted to Salford where she had another illegitimate child who was immediately adopted. Now she is cohabiting with a man who is the putative father of two subsequent children and she has created a perfect example of a neglectful family. What help can be given to this type of unmarried mother by the worker ?

CASEWORK.

It is a fact that only a small proportion of the work of the unmarried mother worker can be classed as purely unmarried mother work; a great deal of the advice given and the action taken can only be called general family casework, even though it involves mainly an unmarried mother or illegitimate child. This is the type of casework attempted in the case of Mrs. X. It involves advice on personal relationships, financial advice and the giving of material help. But much more important is the forming of a satisfactory relationship between worker and client, so that the latter, whilst being encouraged to regain her pride and independence and establish a standard, may also feel that there is someone she can trust and on whom she can depend to stand by her in spite of her many faults.

Where general family casework is not required, nevertheless a similar relationship between worker and client must be formed. If the unmarried mother feels that she has found a friend and can trust in her, then this alone ensures a measure of success for the work. From here, the worker can go on to help with reconciliation of the girl with her parents, advice regarding adoption, assistance to enable the girl to keep her baby and advice and help with Affiliation Orders.

The following figures summarise the casework done during the year 1954 :—

76 visits were made to expectant unmarried mothers.
223 „ „ „ „ unmarried mothers with a child.
32 special visits were made in connection with these cases.
—
331 *137 No Access.
—
100 Interviews with unmarried mothers.
10 Girls were awarded Affiliation Orders and were accompanied to Court.

Brenda is a typical case representing many aspects of the unmarried mother worker. She was visited for the first time by the social worker as a follow-up visit after the birth of her baby. Her problem at first seemed fairly simple, the putative father, who was in the U.S.A.A.F. stationed at Burtonwood, wanted to marry her and she was just making up her mind whether to do so. Advice was given about bringing the boy home to meet her parents; previous meetings had been at dance halls and in cinemas. The parents were visited and were grateful for a chance to discuss the whole matter with their daughter and the worker, up to this time the girl had not taken them into her confidence. The putative father, however, never did come home, for by this time he had found another girl friend and moreover, details of the man's poor army record had reached the girl's ears. The next step, since there was now no prospect of marriage, was to seek financial assistance. It is desirable in the case of the U.S. army personnel to press for voluntary payment since the normal court proceedings are often rendered useless by the immediate return of the man to the United States. The girl was advised to consult the man's Commanding Officer and the Chaplain. In spite of efforts by the latter to arrange a meeting between the putative father and the social worker to discuss financial help, the man was returned to the United States dishonourably discharged. Unfortunately, the girl is still fond of this man; nevertheless, efforts are now being made to persuade her that she has had a lucky escape and to help her to settle with her parents, and work to keep her baby.

Children's Welfare Fund.

This fund has been of inestimable value in assisting many families to overcome their difficulties. A stock of clothing was bought at favourable prices and stored in the Health Visiting Section store room. This arrangement greatly facilitated the administration of grants, as otherwise it would often mean that a health visitor would be obliged to accompany a mother on a shopping expedition, to ensure wise spending and a maximum benefit to the child or children in question.

In addition, cash grants have been made for children's shoes or other clothing not in stock ; towards rent arrears to prevent break-up of families in danger of eviction ; second-hand perambulators ; metal combs for home use in disinfestation of heads ; and emergencies which occur from time to time. Grants were also made towards a supply of toys for children neglected in their own homes and for illegitimate children, and towards Christmas Parties for children under five years.

The work entailed in record keeping, maintenance of stock, etc., is undertaken by a clerk attached to the Health Visiting Section, often in her spare time.

Children Neglected in Their Own Homes

Child neglect is more than a social problem : it is an evil. It is an old evil and in this City we are at last beginning to see its full extent. Throughout the year Case Conference Reports and personal reports from social workers of every description have reached the Designated Officer bringing new cases to his notice and recording the progress or deterioration of old cases. Many of these reports make sad and even shameful reading in their description of children : puny, tired children, children infested by fleas and head lice, children who have suffered hunger and cold ; unhappy children, frightened and even terrified children, children who are utterly bewildered ; and saddest of all, children showing unmistakable signs of growing into young hooligans and thieves long before they come to the indictable age of eight. Fortunately, one also reads of other children who lead happy lives in spite of poor surroundings or parental incompetence.

The factors associated with parental failure were fully discussed in last year's report. Often they are personal handicaps that call for help rather than for censure. But in other cases the conduct revealed must give us food for thought, for it shows indifference, a callousness bordering on brutality, or an extreme improvidence compelling a quite needless hand to mouth existance. These wilfully neglectful parents are certainly a minority, even on the Register of neglected children ; but a minority that is too large to allow for complacency. Against this general background the following figures should be considered. As in previous years the special worker for the neglected child, who is a health visitor, has kept a register with a double classification : (1) Neglectful families of whom the Designated Officer is notified and who are likely to be brought forward for discussion by the Case Conference. (2) Potentially neglectful families who are not reported to the Designated Officer or discussed at Case Conference, but nevertheless need much watchful guidance. The latter category includes those who have been on the " Neglected " Register but have improved their standards or overcome their difficulties.

CHANGES IN THE REGISTER 1954.

(Figures for previous year given in brackets)

	Neglectful	Potentially Neglectful	Total
On register 31.12.53	154 (164)	43 (5)	197 (169)
Additions to Register 1954	39 (40)	35 (14)	74 (54)
Total Registered during 1954	193 (204)	78 (19)	271 (223)
Transfer of families improved	−41 (−26)	+41 (+26)	
Removals from Salford	8 (14)	1 (1)	9 (15)
Remaining on Register 31.12.54	144	118	262

The trends are twofold : (1) An increase in total notifications of 37 per cent. over the previous year, indicating not necessarily an increase in the incidence of neglect, but a continuous coming to light of unsatisfactory conditions, which in many cases have existed for a long time. In the first place sharply increased awareness of the problem amongst the general public, and the realisation that effective help and advice is available, brings families to the notice of Local Authority Departments and other bodies. (2) In the second place many social workers are paying more attention to this problem and are making increased use of the co-ordination service. This is particularly true of the health visitors who, due to the re-orientation of their work are able to concentrate their observations and efforts more on social problems. Such changes in emphasis are bound to push up the number of notifications. The change in the distribution of both new and old cases between the two categories " neglected " and " potentially neglected " is of little more than administrative significance. It is undesirable that the Designated Officer's file should be bigger than absolutely necessary, or that Case Conference time should be spread amongst too many families ; they are therefore confined to serious or long standing cases. The co-ordination of the work for the other families is left entirely to the personal and informal contact between the health visitors and other social workers concerned, with the specialist health visitor acting as a kind of clearing house. It is hoped that before long the Co-ordinating file can be reduced well below the number of 144 until only the hard core remains.

ANALYSIS OF NEW CASES.

In addition to the 74 families added to the Register, 31 families reported to the specialist health visitor were found to be in need of " first aid " action only. They were helped to solve their own problems within a short period of time and their names were not added to the Register. This brings the total of new families dealt with to 105, referred from the following sources :—

(a) HEALTH DEPARTMENT STAFF :—

1.	Health Visitors	22
2.	Clinic Nurses	4
3.	Worker for Unmarried Mothers	2
4.	School Medical Officers	7
5.	Midwives	1
6.	Day Nursery Matrons	1
7.	Sanitary Inspectors	1
8.	Mental Health Social Worker	2
		40

(b) Other Local Authority Agencies :—		
1. Education Welfare Officer	3	
2. Teachers	12	
3. Children Department	2	
4. Civic Welfare Department	2	
5. Outside Local Authority	1	
		20
(c) Other Social Agencies :—		
1. General Practitioners	4	
2. Hospital Almoner	2	
3. Hospital Matrons	2	
4. Probation Officers	5	
5. N.S.P.C.C.	4	
6. Clergy	1	
		18
(d) General Public :—		
1. Parents	19	
2. Other relatives	3	
3. Neighbours	5	
		27
Total number of families		105

These 105 families had between them 293 children, 133 between 0 and 5 years of age and 160 of school age. More and more school children are attracting attention as being in need of special help.

Health visitors, having an unrivalled opportunity to observe early signs of breakdown, again reported the largest number of new cases. Also of interest is the fact that every year the number of families who come for help and advice on their own initiative increases. They are by no means confined to financial worries but include a good many serious marriage problems—one of the greatest causes of child suffering. Whilst fifteen mothers and four fathers brought their problems for the first time, some came for advice with every difficulty that confronted them. It should be realised that the above list is a very incomplete record of reports, requests and complaints received ; in fact, barely one-third. In two out of three cases information about the family is already on the file and does therefore not constitute a " new case." Thus Inspectors of the N.S.P.C.C. approached the special worker or one of her colleagues in about 55 families and in addition made several telephone reports to the Designated Officer. Only in four cases was the family not already well known for its poor standards, failure to cope with difficulties or downright neglect of the children.

The Case Conference set up in June, 1951, has continued to meet and the attendance of officers and representatives of both statutory and voluntary agencies dealing with children has been well maintained. Unfortunately, probably due to pressure of work, some departments have not been regularly represented. In other cases changes of staff have made continuity of interest difficult. Nevertheless plans—both short and long term—which have been decided at case conferences have been carried out in a number of families with good results. Several families have been sent to Brentwood on the recommendation of the conference ; follow-up and after-care of these families being entrusted to one or two officers—possibly the Probation Officer and Health Visitor, who report back to the conference on the progress made. In other cases it has been agreed that children should be referred to the Child Guidance Clinic or a parent should be seen by a psychiatrist. Convalescence

for school children has often been arranged at the request of the conference. In some instances where there have been psychological difficulties the matron or warden of the convalescent home has supplied very useful reports upon the children's behaviour when away from their unsatisfactory homes and parents.

The conference met on 23 occasions during 1954, there were 133 discussions dealing with 91 families, 40 of whom were " new cases " to the conference. Seventy-three individual officers or representatives attended, the total attendance for the year being 268, an average of 11.5 per conference. The representation of various bodies concerned was as follows :—

	No. of individual officers	*No. of attendances made*
N.S.P.C.C.	5	27
Probation Department	8	15
Local Education Authority	2	17
Family Service Unit	10	18
Housing Department	3	21
Children Department	5	22
Hospital Almoners	2	3
Civic Welfare	5	10
National Assistance Board	2	2
Specialist Health Visitor	1	22
District Health Visitors	18	36
Mental Health Department	5	23
Manchester and Salford Council of Social Service ...	1	18
W.V.S.	1	6
Child Guidance Clinic	2	2
Other members of the Health Dept. Staff (including Chairman of Conference)	3	26
	73	268

Observers, including students and others interested in the case conference method averaged two per session.

Co-ordination of Family Case Work.

Co-operation was not confined to discussion around the conference table. The aim was to prevent, as far as possible, overlapping and duplication of effort, not only for economy's sake but also for the purpose of disturbing as little as possible the relationship between the main worker responsible and the family. A system of " Case Assignment," though no doubt ideal, presents great difficulties of a personal and administrative nature, for each department and office has its own methods and statutory obligations, and their social workers differ widely in training and outlook. Every year, however, sees more progress in this give and take in the field of Family Case-work, a fact which is noted by the Designated Officer with great satisfaction. The family case worker is left to give intensive and continuous care whilst other officers with special responsibilities visit as little as possible and as much as necessary, ready to help with special services when called by the family case worker. The choice of the most suitable worker is the result of agreement either at the Case Conference or more private discussion. The criteria are the needs of the family, relationships already established and statutory obligations incurred, and finally the *personnel* available. The latter is a serious limiting factor. Thus it is not possible to put more than a fraction of our real " Problem Families " into the care of the Family Service Unit, although many more families would benefit greatly from the personal care given by its workers. It is the old story : work is limited by lack of staff, and staffing is often limited by finance in the case of voluntary social agencies.

CASE WORK ANALYSIS

Case Worker	1954 New Cases	Old Cases	Total
Specialist Health Visitor as sole Case Worker	27	26	53
Health Visitors as sole Case Workers	35	82	117
Health Visitors together with Specialist Health Visitor...	20	48	68
Worker for unmarried Mother	6	5	11
Mental Health Department Social Workers	3	3	6
Probation Officers	4	8	12
Family Service Unit	1	9	10
N.S.P.C.C.	6	8	14
Children Department	2	5	7
Education Welfare Department	1	3	4
	105	197	302

As can be seen from the Case Work Analysis above many kinds of social workers had a share in this work of prevention and re-habilitation. By far the largest share of family case work was undertaken by this Department's health visiting staff. Where the health visitor has gained the trust of the family and her special skills as health advisor and home teacher in child care are urgently needed, then, without a doubt she is the right person for this exacting work. In such cases she assumes a continuous responsibility for all aspects of the family's welfare. As needs arose so other workers were asked to deal with particular problems; but many "borderline" families were supervised only by the health visitor, who however was able at all times to consult with the specialist health visitor. Spontaneous case discussion increased throughout the year, in step with the the expansion of Family Case Work in the Health Department.

This trend compelled the specialist health visitor to reduce her own Family Case Work considerably. Time for more case work administration must somehow be found, but it is not intended that she should relinquish her personal case work. Not only will the need remain for a "Case Worker" who is released from many of the departmental duties; the specialist health visitor herself needs this personal contact with the families. It is a safeguard against rigidity of outlook and promotes growth in the understanding of social change and of families in trouble. In any case only personal experience can provide the foundation for study and research.

As shown in last year's Report illegitimacy is a common feature of "problem families" and five of the families taken over by the new worker for unmarried mothers fell into both categories. In addition she was able to carry on some general Family Case Work on behalf of the specialist health visitor for the neglected child, who passed several families to her. Amongst these were three young mothers whose husbands were in prison and who were in special need of help, hope and friendship. Their loneliness and unhappiness often leads to careless indifference and to failure in coping with mounting difficulties.

The table of "Case-workers" marks a certain amount of "changing hands" between workers. For instance, many more families than the 14 given were dealt with by the National Society for the Prevention of Cruelty to Children. The tendency was to call in the Inspector's help when other workers felt that their efforts were failing, as in cases of emergency.

In this way the Inspectors were asked to deal with over 30 irresponsible or brutal fathers. They usually closed the case when the emergency was over or when their warning and advice had produced concrete results. Some families, however, required long-term N.S.P.C.C. supervision, and they have been included in the list.

Similarly, the School Welfare Officers' contribution was much bigger than is suggested by the small number of four. Poor school attendance frequently accompanies neglect of children, in fact, to deprive one's children of education, whether through sloth or exploitation, is itself neglect. Nevertheless, it is a special aspect of the general problem and a specialised service rather than general Family Case Work. When persistent absence from school is the outstanding problem of the family the School Welfare Officer becomes for a time the central figure in the work for the family. The four families on the list required close long-term supervision of this kind and had few other visitors during the year.

Neglect of children is a form of delinquency. Whenever a member of the family, child or parent, is on probation the Probation Officer is able to make a most effective contribution to the rehabilitation of "problem parents." As family case-workers, Probation Officers have a certain advantage over their colleagues from other departments, for they enjoy the backing of the Court and they are introduced to the family at a time of calamity and receptiveness. Whilst this situation does not always prevail it is very much apparent in those cases where parents have been placed on probation following prosecution for neglecting their children. In 12 families on the Register Probation Officers were in sole charge of the Family Case Work, though health visitors continued to supervise the care of young children where necessary.

The Children's Department's Officers were mainly concerned with those children on the Neglected Children Register who had come for varying lengths of time into the Department's care under various sections of the Children Act. The work of the Child Care Officers thus has been largely remedial rather than preventive, and on the whole confined to the particular emergency, most of which were of a temporary nature. Such emergencies are a frequent occurrence in families who are handicapped through social isolation and lack of family loyalty. In a few of the families children had to be taken into care under Section I of the act twice during the year. When children were placed in the care of the Local Authority by the Court, as being in need of care and protection, the work of rehabilitating the home was often shared by the Children's Department with a Probation Officer, either parents or child having been put on Probation. Where no such order was made the responsibility for the Family Case Work rested entirely with the Children's Department. Whilst in care these children fall outside the terms of reference of the Designated Officer if interpreted in the narrow sense. But as it has been observed during the last two years that the majority of the children return to their parents at some time, the practice of taking them off the Register as permanently in care has been discontinued. In fact it is highly desirable that such families should be discussed at Case Conference when the return of the children is imminent.

PROSECUTIONS.

Prosecutions for neglecting children "in a manner likely to cause unnecessary suffering . . ." (Children's and Young Persons' Act 1933) must be regarded as the failures of our Co-ordinating Service. Some of these are

inevitable, others can and must be prevented by continued efforts. Parents of nine families were prosecuted during the year. Five of these were clearly foreseen, as they were preceded by a period of steady deterioration. They include two mothers and one father whose mental condition was such as to make them incapable as parents and a most harmful influence, even a danger, to their children. The knowledge of this is not enough to render parents subject to action by a Duly Authorised Officer. Thus, unfortuately, even in such cases the Fit Person Order can be, and has been, revoked on the application of the parents and the children return to a home which cannot offer proper care and security. The belated cleaning up of the family home and other improvements in the physical environment are no real indication that the people concerned have acquired greater fitness as parents. Yet the law takes account of little else.

In two more normal families prosecution and the temporary enforced separation of parents and children had a salutary effect. It shocked the young parents into a recognition of the community's standards and stimulated them to make great efforts to secure the return of their children. One young father started work and kept his job, although he had not been in regular employment for over five years. The shock of prosecution enabled the Probation Officer to succeed where previously other workers had tried hard and failed. We should not, however, forget that in these two families the children paid heavily, in distress and worry, for the lesson that their parents had to learn. It must always remain our aim to prevent the break-up of families, except where the parents' character or mental make-up is beyond redemption, by working for improvements in time. A few failures should not discourage us.

Case Work Examples.

It is good to turn from failures to successes. Lack of space does not permit to give more than two examples :

(1) *Mrs. A.*, aged 20, came running into the Health Department in a hysterical state, accompanied by her mother, sobbing that her husband had made her and her two small children homeless. The specialist health visitor saw her and had great difficulty in getting Mrs. A's own story, as her mother was constantly " taking over." After listening for some time the worker managed to persuade the older woman not to take sides in her daughter's quarrels with her husband in future. (The word " interference " was studiously avoided). Mrs. A., was then taken literally by the hand to her husband ; it turned out that he had not forbidden her, but his mother-in-law, to come into the house. A bitter exchange of words was followed by an hour's conversation between the worker and the young couple, during which both husband and wife recognised their own mistakes. A thoughtless and selfish husband, a neglected and disappointed young wife running home to mother, two small children showing unmistakable signs of anxiety, in this case it proved possible to reverse the pattern and family relationships have been much improved since then. The incident is cited as an example of " first-aid " action.

(2) *Mrs. B's.*, last two children were illegitimate and her husband had left her. Though a well meaning and affectionate woman her standards gradually deteriorated in spite of constant help and advice. Both School Welfare Officer and Health Visitor were dissatisfied with the family, especially as two of the school children needed medical attention and had failed to attend

the school medical clinic. At the Case Conference the N.S.P.C.C. Inspector was asked to visit. He found the home and particularly the two bedrooms in a very bad state and gave a severe warning demanding improvements within a week. Mrs. B., was shocked out of her apathy, in a panic lest she might lose her children. She asked, and obtained, the health visitor's help in attaining the standards expected by the Inspector. Some help with bedding was given, which had not been possible before as the health visitor had not been allowed into the bedroom. The children received their medical attention. When the Inspector paid his return visit he was well satisfied with the mother's efforts and gave her much fatherly encouragement. She had stood in need of this authoritative approach and in spite of a tendency to slip back she and her children have derived lasting benefit from the Inspector's intervention. He closed the case after the third visit and the health visitor has continued to supervise the home. Incidentally, since this crisis Mrs. B., has been anxious to show the health visitor the bedrooms and has responded well to further suggestions for improvement.

Not every family responds favourably to authority and a success of this type can no more be automatically repeated than can the special worker's success in impromptu marriage guidance. In some families only the very gentle approach of the Family Service Unit bears any fruit.

Whatever the Department or Organisation, there is no doubt that this City is served by a fine body of social workers. It is not their devoted efforts, however, nor any scheme of co-ordination that will bring about lasting improvements in standards of living and of conduct, especially the latter, in these families in which children are suffering hardship. Only the people of Salford themselves can do that, by creating the right climate of public opinion. There is a time for tolerance, but there is also a time for righteous indignation. But every time is right for setting an example in the good care of home and children, for nothing exceeds the effect of wholesome family life in the neighbourhood community.

HOME NURSING SERVICE

Staff.

I am glad to be able to report that the staffing situation in the service became a little easier towards the end of the year, but more trained nurses are required to deal with the ever increasing demands on the service and the question of increasing the establishment should be seriously considered.

At the end of the year, in addition to the Superintendent and her Assistant, the staff consisted of eight nurses who are on the Queen's Roll (5 female and 3 male), one student nurse, two State Enrolled Assistant Nurses, two State Registered Nurses and three Auxiliaries, these last five working part-time.

Five student nurses took their district training during the year and all were successful in passing the examination for the Queen's Roll.

One of the male nurses attended a Post Graduate Course organised by the Queen's Institute at Oxford.

Statistics.

The number of cases carried over from 1953 was 351. During the year the number of new cases nursed was 2,743, making a total of cases nursed of 3,094. 53,136 visits were paid to these patients, an increase of 5,281 from the year before.

As in former years the greatest number of cases (83%) were referred by family doctors; 13% from the hospitals in the region and the remainder from the Health Department or by relatives applying personally.

The average number of visits per case was 17. Forty patients had over two hundred visits each.

The number of old people requiring nursing care increases monthly. As many of these cases are helpless they take up a considerable amount of a nurse's time.

As in former years a considerable number of injections of insulin and other drugs were given. The actual figures being:

11,171 injections of insulin.
20,229 injections of other drugs.

Nursing of Sick Children.

During the year consideration has been given to the nursing of sick children in their own homes on the lines of the Rotherham scheme. Some equipment was provided and family doctors were circularised that the staff were ready and willing to provide this service. So far no application has been made.

Co-operation with Hospitals.

The good co-operation with the Hospitals in the area has been maintained, and we have had visits both from trained staff and student nurses to see the work of the Home Nurse. It is hoped that this will result in increased recruitment of staff to the service.

Loans.

The following articles of nursing equipment were loaned out during the year:

97 Bed pans.
45 Air rings.
53 Rubber mackintoshes.
31 Backrests.
13 Urinals.
6 Bed cradles.
3 Steam kettles.
5 Dunlopillo beds.

INCIDENCE OF BLINDNESS

A1. Registered Blind Persons.
A2. Registered Partially Sighted Persons.
B. Opthalmia Neonatorum.

Blind Person

A1. Follow-up of Registered Blind Persons.

Total number of cases registered during 1954 ... 43.

	Cause of Disability			
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D. 8 recommends :—	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(*a*) No treatment	14	2	—	17
(*b*) Treatment—				
Medical	—	—	—	2
Surgical	7	—	—	—
Optical	—	1	—	—
(ii) Number of cases at (i) (b) above which, on follow-up action, have received treatment.	5	1	—	2

A2. Follow-up of Registered Partially Sighted Persons.

Total number of cases registered during 1954 ... 43.

	Cause of Disability			
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D. 8 recommends :—	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(*a*) No treatment	8	1	—	11
(*b*) Treatment—				
Medical	—	2	—	4
Surgical	5	—	—	—
Optical	5	1	—	6
(ii) Number of cases at (i) (b) above which, on follow-up action, have received treatment.	9	3	—	10

B. Opthalmia Neonatorum.

(i) Total number of cases notified during the year 2

(ii) Number of cases in which—

(*a*) Vision lost ... ...
(*b*) Vision impaired ... ... } Nil
(*c*) Treatment continuing at end of year ... ...

ALMONER'S DEPARTMENT

Home Help Service.

Despite the increase in the number of home helps employed the supply has never yet been equal to the demand. The year 1954 ended with almost one hundred applicants on the waiting list, many of whom had waited over two months. Careful assessment is made of the need and if this can be met in any other way applicants are encouraged and helped to make their own arrangements. Those whose names are placed on the waiting list are in genuine need and help is supplied with the degree of priority warranted by their circumstances.

In south and west Salford there has been no difficulty in recruiting suitable women for the work. We can always count on an adequate number of applicants when a new school term begins and the prospective help's youngest child has "just gone to school." In north Salford, however, it appears almost impossible to recruit the right type of woman for the service. Periodic appeals are made to midwives, health visitors, W.V.S. and others likely to know of suitable women.

The women employed in the service are of a good standard and are frequently recommended to us by those upon whose judgment we can rely. Many of them perform a vast amount of personal service for their clients without thought or hope of reward and frequent letters of appreciation are received.

The organiser has for some time been concerned as to the effect of this work upon the women employed and during 1954 has analysed the reasons given for resignation. Ninety-one home helps terminated their employment during 1954, the reasons given being as follows :

Ill-health	25
Removed out of the area	4
Obtained other employment	20
Home circumstances	25
Pregnancy	5
Work found to be uncongenial	12

There can be no doubt that in some cases the health of the home help was being impaired by the somewhat tedious work of caring constantly for the aged, though in very few of the twenty five cases of "ill-health" was it considered that a healthy woman had been made ill by the work, it was rather that a woman more willing than able undertook work which proved to be too exacting. Those who left to undertake other work were usually in need of more money and obtained full time employment. Full time employment as a home help would often entail cleaning seven homes per week. In a clean place this would be quite feasible but in a smoky industrial city it is more than a woman's health will stand. At the time of writing only one full time help remains on the staff, an older woman used chiefly for maternity cases. The remaining full timers have either changed to part time work or left. Of the twelve who found the work uncongenial the majority worked less than one week.

The practice of deploying the available help over as many cases as possible has been continued and intensified. The more cases this service can cover so much the more are elderly people kept in touch, not only with the health department, but with many other agencies whose objects include the care of the elderly. The home help acts as a messenger to the Organiser and her staff. Thus, requests for chiropody, meals on wheels, laundry service, national assistance, etc., etc., are promptly passed on.

The following statement shows how thinly the service was spread during 1954 :—

Help	was	supplied	for	1	half	day	weekly	to	23·1%	of	the	cases
„	„	„	„	2	„	days	„	„	66·4%	„	„	„
„	„	„	„	3	„	„	„	„	7·3%	„	„	„
„	„	„	„	5	„	„	„	„	1·2%	„	„	„
„	„	„	occasionally					„	2·0%	„	„	„

The following figures show the extent of the work during 1954 :—

Home helps employed at the end of the year ...	206 part-time, 2 full-time
The average hours per week	3,970
Number of households assisted	908
Number of cases being assisted at 31st December, 1954	611
Number of visits paid	2,227

An analysis has been made of the reasons for the visits :—

Applications for help	617
Routine	1,045
Application for employment	82
Miscellaneous	185
No access	298

An analysis of cases is given as follows :—

Infirmity due to old age	183
Bronchitis and asthma	68
Blind	47
Arthritis and rheumatism	113
Heart condition	109
Cerebral Haemorrhage	38
Skin and ulcers	22
Diabetes	14
Cancer	40
Fractures	22
Blood Pressure	50
Spinal Condition...	14
Pulmonary Tuberculosis	10
Muscular Paralysis	5
Parkinsons Disease	7
Post Operative	26
Scalds and Burns	6
Neurotic	11
Pre-Natal	3
Maternity	44
Post-Natal	13
Anaemia	6
Pagets Disease	1
Cripple	19
Nephritis	1
Hodgkins Disease	1
Mothers and Young Children	35

The practice of sending two home helps to squalid households has been increased during the latter half of 1954. An appeal was made for helps to volunteer for this work and six offers were received. Since 28th September, 1954, the Council has paid an extra 6d. per hour for this difficult and unpleasant work and 27 such assignments have been made.

No training course was undertaken during the year but consideration is being given to using the Home Nursing Service premises on the Crescent as a training centre for home helps. Housework in a town like Salford is one long battle with dirt. One feels, therefore, that in addition to learning some domestic science and something of the general health and other public services efforts should be made to increase the helps strength of body and mind so that they will have physical endurance to match their task and patience with their oft times trying clients.

Convalescence and Recuperative Treatment

Pre-school Children's Convalescence.

Arrangements were made for convalescence for twenty children under the age of five years.

2	children were at	Hillary Home, Prestatyn, for	4 weeks
4	„ „	„ „ „ „	6 „
1	child was	„ „ „ „	7 „
1	„ „	„ Tanllwyfan Home, Colwyn Bay, for	3 „
2	children were at	„ „ „ „ „	4 „
1	child was	„ Hilbre Nursing Home, Gwespyr, for...	6 „
2	children were	„ „ „ „ „ ...	8 „
1	child was	„ „ „ „ „ ...	9 „
1	„ „	„ Ormerod Home, St. Annes, for ...	4 „
1	„ „	„ „ „ „ ...	7 „
1	„ „	„ „ „ „ ...	8 „
1	„ „	„ West Kirby Home, for	8 „
1	„ „	„ St. Joseph's Home, Freshfield, for ...	5 „
1	„ „	„ Higher Trapp for B.C.G. Isolation, for...	8 „

School Children's Convalescence.

One hundred and thirty-four school children were sent for periods of convalescence during 1954.

Of this number, 88 were referred by school medical officers, 41 were referred from hospitals, where the children were in-patients at the time of application, and 5 were referred by general practitioners.

79 children were away for four weeks or less.

13	„	„	„	„	five	„	„	„
28	„	„	„	„	six	„	„	„
3	„	„	„	„	seven	„	„	„
6	„	„	„	„	eight	„	„	„
2	„	„	„	„	nine	„	„	„
3	„	„	„	„	twelve	„	„	„

The Homes used, and the number of children sent to each, is given below :—

West Kirby Convalescent Home	14
Taxal Edge (for boys 9-15 years)	21
Ormerod Home, St. Annes-on-Sea...	29
Margaret Beavan Home, Heswall	9
St. Joseph's Freshfield	6
Boys' and Girls' Refuge Home, Tanllwyfan, Colwyn Bay ...	32
Hillary Convalescent Home, Prestatyn	5
Hilbre Nursing Home, Gwespyr	3
South Meadow, Pensarn	10
Swancoe House, Macclesfield (for special problem cases)	5
	134

3 spastic children to White Heather Home, Colwyn Bay, for 2 weeks each.
2 „ „ „ „ „ „ „ „ „ 4 „ „

The figures show an increase in the number of children sent to Convalescent Home at the request of hospital staffs. It should be noted that this figure is additional to the many children referred from hospitals direct to National Health Service Convalescent Homes for which no charge is made to the local authority.

In several cases enuretic and asthmatic children were sent to Convalescent Homes for periods of observation. Homes at Taxal Edge and Swancoe House, Macclesfield, were specially used for this purpose and the detailed reports received from the Warden of Taxal Edge and the Matron of Swancoe House have proved most useful to the School Medical Officer.

The increased charge for maintenance at most of the Homes has resulted in fewer children benefiting from convalescent treatment, the number being 25 less than in 1953. By curtailing more extensive periods of convalescence it was found possible to make the money allotted for this purpose last until the end of the year.

The staff of the Invalid Children's Aid Association have again been most helpful and have undertaken the arrangement of convalescence and the transport of the children to and from the Homes. This administrative work is done without cost to the Local Authority. Another advantage is that parents are saved the expense of escorting their children to and from the Homes.

Adult Convalescence.

9	persons were sent to	Westhill Convalescent Home, Southport.
2	„ „ „ „	Church Army Home, Southport.
2	„ „ „ „	Boarbank Hall, Grange-over-Sands.
2	„ „ „ „	Lear Home of Recovery, West Kirby.
1	person was „ „	Cheshire Foundation Home for the Sick.
1	„ „ „ „	Binswood, Didsbury.
1	„ „ „ „	Purley Park (Mental Health case).

Mothers with Young Children.

Recuperative Holidays. Through the generous gift of £50 from the Salford Soroptomists, grants amounting to £14 8s. 0d. from the Encombe Place special fund and an anonymous gift of £3 7s. 0d., the Almoner has been enabled to arrange much-needed holidays for eight mothers and twenty-nine children without cost to the local authority.

It was decided at the outset that this money should be spent on "holidays" designed to maintain good health rather than on convalescence after ill-health. It was also decided that the money should not be spent on problem families. Broadly speaking the mothers who benefited were those who were feeling the strain of bringing up a growing family on one wage and striving to maintain a good standard for their children.

All these families were sent to the Church Army Home at Southport. This Home has proved to be very suitable, there is no atmosphere of illness or convalescence about the place, and the mothers look after and enjoy their own children freed for a time from the cares of housekeeping. Arrangements are made for the mothers to take their meals in peace whilst the staff serve the children's meals in another room. In each case a small charge was made to the mothers, usually the equivalent of one week's family allowance. In every case this was readily paid and it was noteworthy that all excepting one of the mothers " returned to give thanks " further proof that they were not problem mothers !

It has been a great joy to one usually surrounded by problems to be able to assist such families before adversity has overwhelmed them, and has been a piece of straightforward work for the promotion of good health rather than the cure of ill-health.

Brentwood Reunion. In February 1954 it was decided to invite all Salford mothers known to have been at Brentwood to a social gathering to meet and renew their acquaintance with Miss Abraham, the Warden of the staff of Brentwood. This proved to be a most happy occasion, due largely, it is felt, to the warmth with which ex-Brentwood Mothers regard Miss Abraham.

Many of the Mothers had been kept in touch with Brentwood and its influence over the years. They are often invited to revisit the Centre for parties and " occasions " and some of them telephone to Miss Abraham for advice and help from time to time.

Loan of Sick Room Equipment

The following articles were issued on loan during 1954.

Air Rings	53
Urinals	52
Bed pans	79
„ rests	38
Rubber Sheeting	51

Thirty home visits were paid in connection with this service.

Tuberculosis

107 patients or their relatives were interviewed, chiefly in connection with their domestic problems and finances.

Venereal Disease

The female Venereal Disease Department removed from the Health Office premises at the end of January 1954 and except for one or two cases where there has been a special request, no follow-up work has been undertaken.

Laundry Service

The laundry service for incontinent elderly people has been used by 10 cases during 1954, and has been made more effective by the generous gift of sheets, received from the " Inner Wheel." This service provides for the collection and delivery of laundry twice weekly at a chage of 4/6 per week. The collection and delivery is done by the Health Department van and the articles are laundered by arrangement with the Hospital Management Committee at the local hospital. 150 " calls " were made during the year.

HEALTH EDUCATION

During the year Health Education activities progressed normally with emphasis being paid on actively assisting other and larger sections of the Health Department with specialised knowledge, materials and advice. Lectures given, or directly arranged, by the Health Education Officer during the year totalled twenty-eight with audiences including student hospital nurses, church women's groups, student almoners, members of the Manchester and Salford Council of Social Service, Mothers Clubs, Co-operative Women's Guilds, Toc H, and parent-teacher associations. In addition observation visits were arranged and conducted for student district nurses, for overseas visitors, and for social science students. These visits though costly in time and effort are an important part in the training of various workers and do much to widen the practical knowledge of the workers concerned.

An important function of the Health Education Section is the provision of teaching aids to other sections of the Health Department and for this purpose the section maintains two 35 mm film strip projectors with a library of over 100 filmstrips. Many of them in colour ; a modern 16 mm sound film projector for which films are hired or obtained on free loan. Over 90 filmstrip—illustrated talks were given by various members of the Health Department Staff, and 22 separate 16 mm sound film shows were arranged as well as frequent screenings of new and educational films to small staff groups. Of particular success has been the public and private screening of the film " Guilty Chimneys " dealing with smoke abatement, and the short silent film on Home Safety produced for the Salford Home Safety Council. Certain specialised films including " District Nurse," " Menstruation," " The Relief of Pain in Childbirth," " Mandy," " Out of Time," " Triumph over Deafness " were screened to specially invited audiences and proved most successful.

An adequate stock of leaflets, posters, etc., is maintained and frequent issues are made to clinics and centres and for the purpose of illustrating talks given by Health Visitors and others. Light display sets on a variety of topics are utilised at various centres under arrangements made with the Central Council for Health Education. A library of Flannelgraphs has been built up both from the special Kits produced by the C.C.H.E., and from magazine cut outs, etc., and they have proved popular teaching aids in clinics and mother-craft classes.

A two day course on " Visual Aids, Public Speaking and Group Leadership " was organised with the assistance of the Central Council for Health Education and proved of material benefit to a large audience from this and adjoining authorities. Some 40 teachers attended a special evening course on Furthering Health Education in Schools, at which the lecturer was Dr. Emrys Davies.

Other minor activities of the Health Education Section included operating a picture loan scheme for clinics in conjunction with the Salford Arts Club ; providing a frequent supply of topical articles for the local press who proved most co-operative in publishing material supplied by the Health Department, maintaining window displays in four display windows, and in collecting material for the Family Doctor Bulletin distributed regularly to all local practitioners.

MENTAL HEALTH SERVICE

Further efforts were made throughout the year to bring to the public notice the Services provided by the Local Health Authority in the Mental Health field. A numbe of films were shown and talks given by social workers.

A degree of success has been noted by the increase in the number of patients seeking advice and treatment in the early stages of illness. The result being that Voluntary admissions to Mental Hospital can be arranged and in certain cases out-patient treatment given at Psychiatric Clinics. In this respect mention should be made of the use of the Therapeutic Social Club and the Psychotherapeutic Day Centre which are mentioned later in this report.

The problem of referrals of Psychopathic personalities and alcoholics still remains. They are difficult to treat because of their unco-operativeness and their behaviour in many instances causes a breakdown in the mental health of their relatives. The children of such a family are often found to be maladjusted and referral to Child-Family Guidance Clinics becomes necessary. At this juncture I would like to praise the efforts of Dr. Barbara Oldham, who has seen many of these families at the Family Guidance Clinics and who has been of assistance to the social workers in these cases.

Assistance has been freely given in the case of alcoholics by the organisation Alcoholics Anonymous, whose members have visited individual cases and invited them to their meetings.

Close co-operation and liaison with the Disablement Resettlement Officers has assisted the after-care service of discharged patients, and has shortened he period between discharge and a return to full employment. " Remploy " and other firms have helped by provision of homework for the asocial type of patient.

Students.

Groups of student nurses, student health visitors and midwifes, have been shown the working of the Department and lectures on legislation have been given by the Senior Officer. Visits to the Occupation Centres have also been arranged.

Staff.

Many changes in staff have caused some disruption in the smooth running of the Department, but it is to the credit of the social workers that the preventive and after-care service has not suffered.

During the year, Mr. D. Bostock, Senior Mental Health Officer, left the Service to take up medical studies at Sheffield University and was succeeded by Mr. J. H. Hope.

Staff at present consists of the following full time Officers :—

1 Senior Mental Health Visitor and Duly Authorised Officer	Male
1 Mental Health Visitor and Duly Authorised Officer	Male
1 Mental Health Visitor and Duly Authorised Officer	Female
1 Mental Health Visitor and Relief Duly Authorised Officer	Female
1 Mental Health Visitor	Female
1 Trainee Mental Deficiency Social Worker	Male

Three of these Officers have University qualifications in Social Science.

Lunacy and Mental Treatment Acts.

During 1954, 473 persons were notified to the Mental Health Service, of these cases 243 were admitted to Mental Hospitals :—

Admitting Hospitals.	*M.*	*F.*	*Total*
Prestwich Hospital	70	85	155
Springfield Hospital	17	22	39
Other Hospitals :			
Oldham, Rochdale, Bury, Bolton, Rossendale ...	28	21	49
	115	128	243

These cases were dealt with as follows :—

	Over 65		*Under 65*		*Total*
	M.	*F.*	*M.*	*F.*	
Section 16 of the Lunacy Act, 1890 ...	5	13	19	20	57
„ 20 and 21	8	10	67	62	147
„ 11 Mental Treatment Act, 1930 (Urgency Order)	—	—	—	1	1
„ 1. M.T.A. (Voluntary	—	3	14	17	34
„ 5. „ (Temporary)	—	—	1	2	3
Magistrates Court Act, 1930	1	—	—	—	1
TOTALS	14	26	101	102	243

The disposal of the remaining 230 cases is shown below :—

Referred to Psychiatric Clinics	24
Referred to Other Agencies	45
Home Supervision by Mental Health Service	91
Died after notification	3
Awaiting admission on 31st December, 1954	6
No action	61
TOTAL	230

Prevention and After-care of Mental Illness

At the 31st December, 1954, 54 persons were receiving supportive therapy by Mental Health Social Workers, of this number 39 were after-care cases. During the year, 247 cases have been supervised and helped to social readjustment. In addition 100 further cases have kept in touch with the Department from time to time, especially when requiring help in some form or other. In connection with the above Service 962 home and other visits have been made and 388 interviews were given at the office.

The advisory service given to other Social Workers and Health Visitors continues satisfactorily and has helped to strengthen the good liaison with other departments. Naturally this Service means an increase in the number of home visits to be made by the Mental Health Social Worker but if prevention is to be the watch-word the domiciliary services will have to be developed further. I give below examples of the type of case work carried out successful and otherwise. :

Female, age 27.

First brought to the notice of the Service in 1948. Married, living apart from husband through housing difficulties. In 1951 became acutely mentally ill and was admitted to hospital in a filthy and verminous condition, there was then one child of the family ; after three weeks in hospital, the husband took his wife home against advice, continued to keep her short of house-keeping money and spent a considerable time drinking. The home was visited regularly and conditions improved a little until July, 1952, when the third baby was expected. After the birth, the mother's mental condition deteriorated, she was again admitted to hospital. After discharge the Social Worker encouraged her to attend the Child Welfare Clinic but she failed to keep her promises. Despite frequent visiting and help in crises, the home conditions deteriorated, until in December 1953, one month after the birth of a fourth child, both parents were charged with neglect of their children, the children being taken into care. To date, three of the children have been allowed home but despite intensive visits from the Mental Health Social Workers, Health Visitors and Probation Officer in turn, this woman shows little improvement.

Female, age 17.

Seen at the Child Guidance Clinic at age of 13, admitted to Mental Hospital three times in acute schizophrenic phases up to age 16. Intensive after-care visiting undertaken and despite poor home background and several acute phases this girl has not been readmitted. She has been encouraged to develop interests in church activities and to join a youth club, there are still difficulties between the girl and her father. Residential employment has been tried without success. Visits continue.

Male, age 47.

Ex-Service psychotic patient. He would not work, was strange in manner and causing his family distress. He was visited and encouraged to attend the Therapeutic Social Club ; there was marked improvement for a while and he returned to work. After a return of his early symptons it was thought that voluntary admission was indicated, this he refused and began to develop homicidal tendencies towards his wife and work mates with strong paranoid ideas.

He was admitted on a Summary Reception Order, the length of stay being two months. On discharge several jobs were found for him but he could not settle. He attended the Therapeutic Social Club accompanied by his wife who did all she could to assist his rehabilitation. He has now found suitable employment and continues to attend the Social Club regularly.

In contrast to the above cases, I recall the case of a 40 year old male who had been withdrawn from school at 10 years of age, a sickly and delicate child, cared for by his mother who never once allowed him outside the home. Being a delicate child she had tried to protect him from the rigours of the outside world.

Neighbours had forgotten about him until the death of the mother when on entering the home they found him crouching terrified in the kitchen.

He was removed to hospital for care but survived his mother by only nine weeks. Without her familiar presence and in strange and to him frightening surroundings, he could not summon the will to continue. A pathetic case of over protection.

Psychotherapeutic Day Centre.

The opening of the Day Centre on November 15th was another step forward in the development of the preventive service of the Department. It is housed in part of the premises known as Cleveland House, The Maternity and Child Welfare Centre, 224, Eccles Old Road, Salford, 6. I was fortunate to obtain the services of Dr. R. A. Blair, Medical Superintendent, Springfield Hospital, who attends one session per week, for the purpose of interviewing new patients and giving guidance to the Social Workers on the type of therapy required. Two members of the Women's Voluntary Service give their services on two afternoons and this is a great help to the Social Workers. The Centre is open 5 days a week from 1-30—4-30 p.m. and caters solely for women patients. Referral is through the General Practitioner, Psychiatric Clinics or Social Workers. The Centre provides facilities for carrying out therapy such as, Occupational/Group/Play Reading, etc., and also caters for patients receiving physical treatment at Psychiatric Out-Patient Clinics. For certain patients, who for one reason or another are unable to travel on public transport the Ambulance Service provides transport to and from the Centre.

Therapeutic Social Club.

In November, Dr. Wilde, Consultant Psychiatrist, who has given such invaluable assistance to the Club, intimated that he could no longer continue to attend owing to pressure of work. In December, the Club was transferred to the Seedley Occupation Centre, 219, Langworthy Road, Salford, 6. The Christmas Party being held there. The Mayoress, who had honoured us with her presence, graciously stayed for about two hours participating in the games and dancing. Mr. Holland, who has given his voluntary services throughout the year, together with Mrs. Jones, the dancing instructress, ensured an excellent evening. The spacious floor of this Centre is ideal for Club activities and to date the transfer has been well worth while.

It is gratifying to note that many Club members left us to join other social and youth clubs proving they had become socially adjusted.

Mental Deficiency.

As shown in the statistics 29 new cases were referred to the local authority and 28 cases ceased to be under care.

Oldfield Male Adult Centre has now been opened 15 months and already shows a need for further development. Though some of those attending are low grade it has been possible to train them in the rudiments of rugmaking, basket work and weaving. The higher grades have been instructed in leather work and have produced useful goods including, Health Visitors bags and brief cases for the Health Department. The present premises limit the scope of development but a search for suitable premises is being made.

Broughton and Seedley Centres continue to cater for male and females up to the age of 16 years and females over 16 years. It is hoped to establish a Female Adult Centre in the near future.

The usual Christmas parties were held at the Centres, Seedley Centre presenting a nativity play and Broughton re-enacting a story on the stage. Both plays were a credit to the children and the perseverance and patience of the Staff.

Supervision.

Home supervision carried out by the Mental Health Social Workers has proved once more the value of domiciliary visiting. Numerous problems arising in the home have been solved with the assistance of the Social Workers. Many defectives have been helped to find employment through personal contact with employers. Co-operation with other social agencies assists in various ways.

I realise that the needs of defectives in the community are not yet fully met and a great deal of pioneer work has still to be done.

MENTAL DEFICIENCY

1. PARTICULARS OF CASES REPORTED DURING 1954.

	Under 16		*16 and over*		
(*a*) Cases at 31st December 1954 ascertained to be defectives "subject to be dealt with." Action taken on reports by :—	*M.*	*F.*	*M.*	*F.*	*Total*
(i) Local Education Authority on children					
(1) While at school or liable to attend school	9	4	—	—	13
(2) On leaving schools	—	—	5	2	7
(3) On leaving ordinary schools ...	—	—	—	1	1
(ii) Police or by Courts	—	—	1	—	1
(iii) Other sources	1	—	2	1	4
(*b*) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground	—	—	—	2	2
(*c*) Cases reported but not confirmed as defectives by 31st December and thus excluded from (*a*) or (*b*)	—	—	—	1	1
	10	4	8	7	29

2. DISPOSAL OF CASES.

(*a*) Of the cases ascertained to be defectives "subject to be dealt with" number :—					
(i) Placed under Statutory Supervision ...	10	4	7	3	24
(ii) Placed under Guardianship	—	—	—	—	—
(iii) Taken to "Place of Safety"	—	—	—	—	—
(iv) Admitted to Hospitals	—	—	1	1	2
(*b*) Of the cases not ascertained to be defectives "subject to be dealt with" number :—					
(i) Placed under Voluntary Supervision ...	—	—	—	2	2
(ii) Action unnecessary	—	—	—	—	—
	10	4	8	6	28

3. Number of cases awaiting admission at 31st December 1954	6	1	2	1	10
4. Number attending Occupation Centres ...	25	19	23	16	83

5. TOTAL CASES ON REGISTER.

(i) Placed under Statutory Supervision ...	37	30	103	75	245
(ii) Placed under Guardianship	—	—	3	—	3
(iii) Admitted to Hospitals	9	9	179	144	341
(iv) Placed under Voluntary Supervision ...	1	—	14	19	34
	47	39	299	238	623

6. Cases ceased to be under care	11
Died, removed from area or lost sight of	17
TOTAL	28

IMMUNISATION

During the past year 2,482 children aged 0-15 years completed immunisation in Salford.

The following figures show the results of the year's work.

	0–5 *years*	5–15 *years*	0–15 *years*
No. immunised during year ended 31st December, 1954 ...	2,409	73	2,482
No. immunised during year ended 31st December, 1953 ...	2,747	112	2,859
Total immunised at 31st December, 1954	9,909	25,832	35,741
Total immunised at 31st December, 1953	10,625	26,413	37,038
Population Figure 1954	14,500	26,200	40,700
Per cent immunised at 31st December, 1954	68·33%	98·60%	87·81%
Per cent immunised at 31st December, 1953	70·83%	99·67%	89·24%
Per cent increase	—	—	—
Per cent decrease	2·50%	1·07%	1·43%

The children were immunised as follows :—

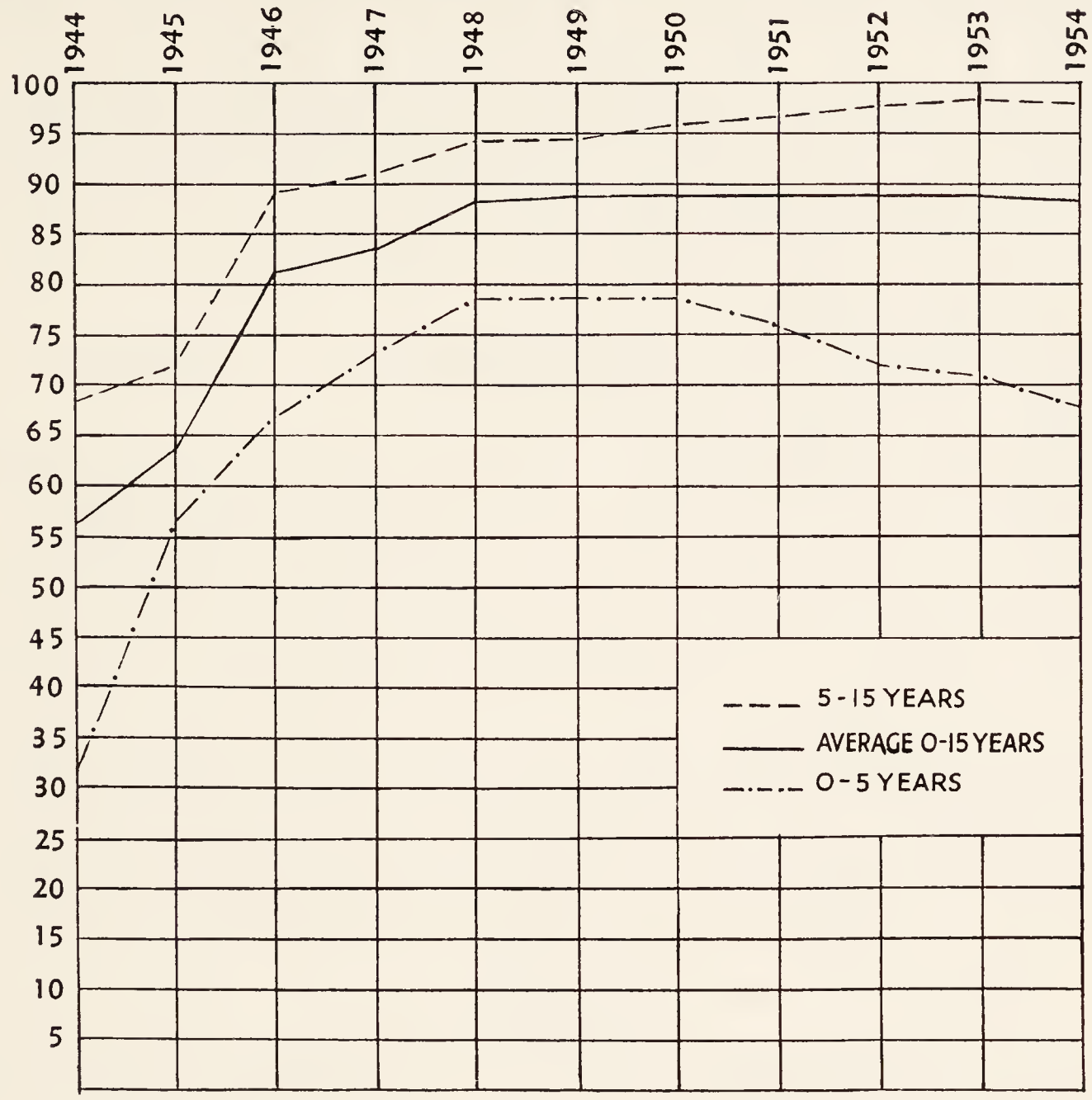
At Child Welfare Centres	1,380
By public health nursing staff in the homes of the children	704
By nursing staff at schools	66
By General Practitioners	293
At Day Nurseries	14
At Hope Hospital	25
	2,482

Children who fail to attend a clinic for immunisation when invited to do so on two occasions are referred to the area health visitor. The health visitor decides whether she or a clinic nurse will offer immunisation in the home, usually she delegates the work to a clinic nurse.

The total number of children immunised in the 0-5 years age group was less than in 1953. One of the reasons was that visits paid by clinic nurses for immunisation purposes were fewer by 1,873 (excluding " no access " visits). This was not due to shortage of staff ; the number of clinic nurses employed during the year was slightly increased but the needs of the elderly were more pressing. Comparative figures are as follows :—

	1953		1954	
	Diphtheria Immunisation	*Visits to Aged*	*Diphtheria Immunisation*	*Visits to Aged*
No. of visits paid	5,889	2,663	4,016	4,800

Appended is a graph relating to diphtheria immunisation in Salford between 1944 and 1954, both years inclusive.



It will be seen that a drop in the number of children completing immunisation during the past year has been experienced. This is due partly to a change-over in the method of immunisation, which began, in the case of Cleveland and Langworthy clinics, during May, 1954, and July, 1954, for the remainder of the clinics. Mothers are now invited to bring their children at the age of 3 months for Combined Diphtheria Pertussis and Tenanus (Triple Antigen). As 3 injections of 1 ml are required for Triple Antigen at a months interval to complete, as compared with 2 injections for Diphtheria immunisation, a decrease in the number of children immunised resulted during September. The special neonatal clinics continued during the year, but it was decided to change from Whooping Cough Vaccine to Triple Antigen for the immunisation of children attending.

The mothers are invited to bring their children when one month old for a first injection of 0.5 ml. and two further injections of 1 ml. are given at a month's interval to complete the immunisation.

Diphtheria immunisation with the subsequent Whooping Cough injections is still available for those mothers who prefer this system. Also available is Combined Diphtheria and Pertussis (Double Antigen) for those children whose parents do not wish them to have injections against Tetanus. Most mothers do not object to the Triple Antigen and diphtheria antigen is offered only when the child has had a previous Whooping Cough immunisation.

The advantages of using Triple Antigen are many; more children are now protected against Whooping Cough, and as only 3 injections are now required against the previous 5 injections, the children have completed immunisation at a much earlier age, i.e., 6 months, compared with 10 months under the old system. The number of reactions reported from the Triple Antigen are small when compared with the number of injections given, 13 reactions out of a total number of 2,224 injections. Below are set out details of these reactions, showing the ages of the children at the time of the injection, the type of reaction and the results.

Age at date of injection		Local and General Reaction Comb.	Results
Local reaction only	General reaction only		
	8 weeks		Further injections postponed.
5 weeks			Completed immunisation.
	14 weeks		Further injections postponed.
		14 weeks	Further injections postponed.
	24 weeks		Further injections refused.
	27 weeks		Further injections refused.
		14 weeks	G.P. completed immunisation.
	21 weeks		Completed immunisation.
		20 weeks	Further injections cancelled.
		40 weeks	Further injections refused.
	26 weeks		Completed Comb. Diphtheria and Pertussis no reaction.
		28 weeks	3rd injection was deferred for 3 weeks, no reaction.
21 weeks			Completed immunisation.

Booster doses, or " safety " injections as they are sometimes called, continued during 1954. These injections are given to children just commencing school at the age of 5 years. As these children were immunised against diphtheria only as infants, diphtheria prophylactic was used for the booster dose. 2,445 children had a " safety " injection during 1954.

The following table gives a summary of injections, given from January to December 1954, for the children between 5-15 years.

	Completed Immunisation		
	Safety Injections	*A.P.T.*	*T.A.F.*
Schools	2,350	53	12
General Practitioners	42	7	—
District	1	—	1
	2,393	60	13

Whooping cough immunisation figures for the year have risen, 1,495 children completing a full course of injections as compared with a total of 1,022 children in the previous year.

B.C.G. Vaccination of School Children.

With the approval of the Ministry of Health, the Salford Local Health Authority during 1954 prepared a scheme for vaccination of school children in the age group 13 to 14 years, against tuberculosis.

The scheme operates as follows : On receipt of a signed consent form from the parent, the child receives two mantoux tests. If the result of the tests are negative a B.C.G. Vaccination follows. The complete course of injections covers a period of one week, commencing on a Friday with the 1st mantoux test, and ending on the following Friday with the B.C.G. Vaccination. Six weeks later the child is inspected to note the reaction.

The first school to be dealt with during 1954 was Broughton Modern School, and below are set out statistics relating to this school.

				1st Mantoux Test 29.10.54				2nd Mantoux Test 1.11.54				B.C.G. Vaccination 5.11.54		
	Invitations	Consents	Refusals	Total	Positive	Negative	D.N.A.	Total	Positive	Negative	D.N.A.	Total	B.C.G.	D.N.A.	Total
Boys ..	119	82	37	119	9	64	9	82	13	51	—	64	45	6	51
Girls ..	113	79	34	113	16	51	12	79	10	41	—	51	38	3	41
Total ..	232	161	71	232	25	115	21	161	23	92	—	115	83	9	92

It is regretted that the number of refusals (one third of the total invitations issued) was so high. It is hoped that as the scheme becomes better known it will be realised that the children can only be benefited by its acceptance. The scheme is being extended so as to be available in future to every child of the appropriate age at every school in Salford.

VACCINATION

During the year 1954 the total number of persons vaccinated (or re-vaccinated) in Salford, was as follows, the total number being 1446 less than were dealt with in 1953 :—

Age at date of vaccination in year	*Under 1 year*	*1 year*	*2-4 years*	*5-14 years*	*15 years and over.*	*Total*
Primary Vaccinations ...	1,178	35	30	26	47	1,316
Re-vaccinations	3	—	18	19	155	195

In my last Report I pointed out that the considerable increase in vaccinations and re-vaccinations carried out during 1953 was due largely to the effect produced upon the public by outbreaks of smallpox in other areas. The truth of this remark is evident from the large reduction in vaccinations and re-vaccinations in 1954 during which year there were no similar outbreaks.

The primary vaccinations under one year represents 41.1% of the total live births in Salford during 1954, as compared with 48.6% during 1953.

This percentage is low as compared with the results obtained prior to the passing of the National Health Service Act, 1946, and for this reason I welcome the statements and suggestions contained in the Minister of Health's circular 6/55, dated 6th April, 1955, in which he expresses concern at the "current neglect of vaccination except as an emergency measure during outbreaks of smallpox and the resulting lack of protection for the individual and for the community." Similar views have been expressed by medical officers of health, including the author of this report, on many occasions during recent years.

AMBULANCE SERVICE

The Ambulance Service continued to operate effectively during the year 1954.

The appended particulars apply to that year.

(1) Number of vehicles in use at 31st December, 1954 :—

Ambulances	10
Sitting Case Ambulances	2
„ „ Cars	3

(2) Total number of patients carried during the year by :—

Ambulance	56,517
Car	6,643
	63,160

(3) Total mileage during the year :—

Ambulances	173,553
Sitting Case Cars	55,558
	229,111

(4) Number of whole-time staff at 31st December, 1954 :—

Assistant Ambulance Officers	2
Driver Attendants	41

I have referred in the introduction to my report to the advantages gained from the provision of radio telephony.

The following is an analysis of patients carried during 1954 as compared with 1953.

	1954.	1953.
Spastic	4,316	4,857
Midwifery	2,507	2,147
House Conveyance	44,811	40,598
Inter-Hospital	2,043	1,977
Maternity	1,672	1,696
Gas and Air	479	472
Mental	293	350
Infectious	409	756
Emergency	2,699	2,616
Handicapped Persons	3,862	—
Miscellaneous	—	—
Re-chargeable to other areas	69	224
	63,160	55,693

NEW CLAIMS FOR SICKNESS BENEFIT

(Ministry of National Insurance) 1954

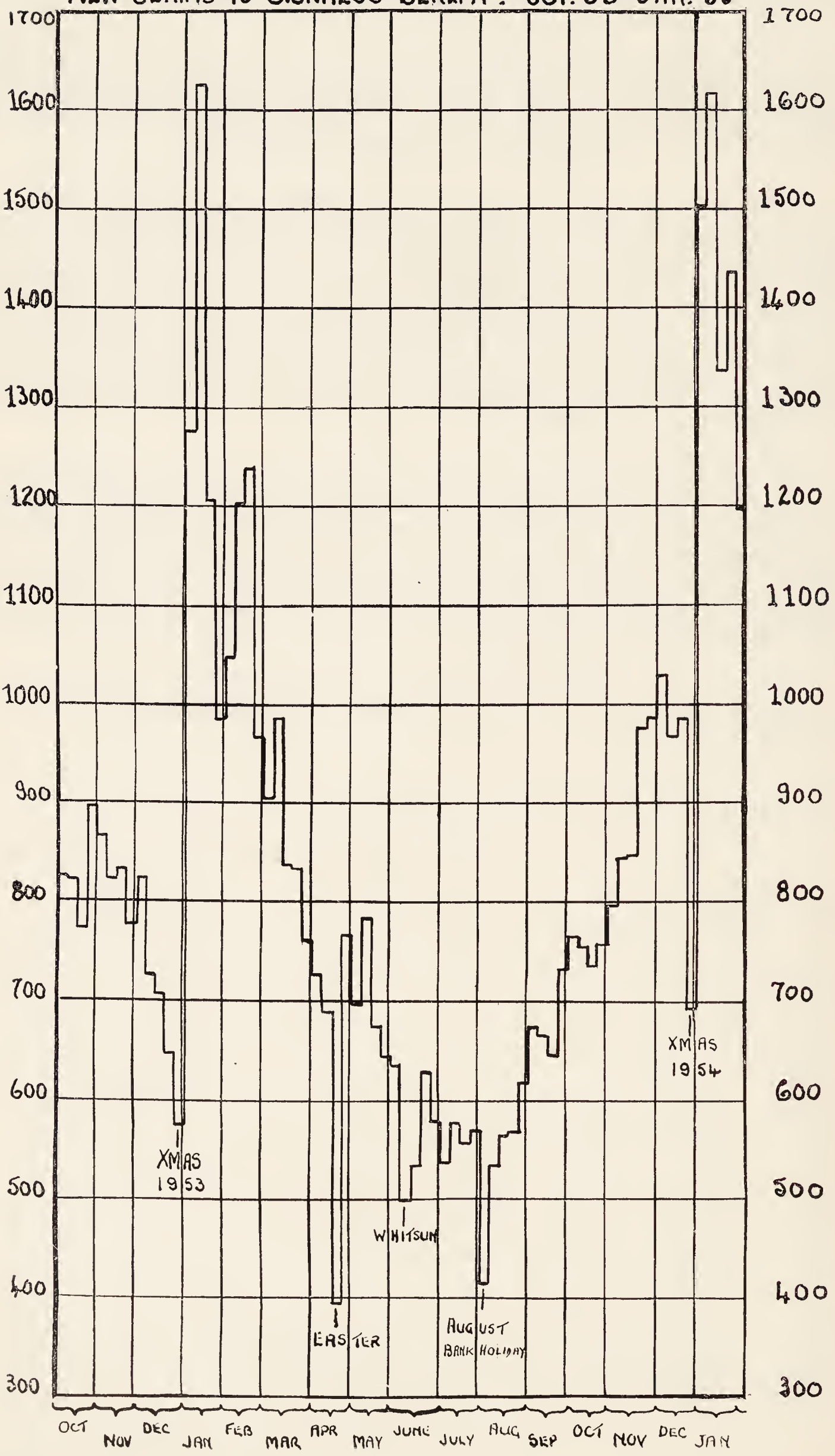
Since October, 1952, I have received a weekly report from the local officers of the Ministry of Pensions and National Insurance on the number of Salford residents making " New Claims to Sickness Benefit." I am indeed grateful for this willingly continued co-operation.

There is no noticeable change in the pattern of the chart for this year as against those of 1952 and 1953. Despite the very poor summer, with its much bemoaned lack of sunshine, there was very little overall increase in sickness figures of any week compared with the corresponding weeks of the previous years. The remarkable increase, from 574 at 29th December, 1953, to 1,624 in two weeks, was much in keeping with the usual pattern. We had the expected " seasonal " drop at Easter, Whitsun and August Bank Holiday, then the repetition in the Christmas, 1953, drop and the New Year upsurge from 690 to 1,617, two weeks later.

This marked drop in the number of claims just before a public holiday is a common feature throughout the country and there are divers opinions of the reason for it. Maybe some persons, who do not get paid when off work through sickness, hasten back to ensure a full pay packet for the holiday. Others, briefly indisposed during the holiday, may resume work without claiming, or may only claim when they find themselves unfit to resume work after the holiday.

Whatever the reason, the extraordinary increase after Christmas leaves room for speculation.

MINISTRY OF NATIONAL INSURANCE (SALFORD LOCAL OFFICE)
WEEKLY FIGURES OF
NEW CLAIMS TO SICKNESS BENEFIT: OCT.'53-JAN.'55



SCHOOL HEALTH SERVICE ANNUAL REPORT

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

> "*The greatest achievements of preventive and curative medicine are not those which add a few more years to the tally of the septuagenarian. Rather are they those that offer to our children the prospect of the full life and the blessing of health.*" —Sir John Charles.

I submit my Annual Report for 1954. The opportunity has been taken of including special sections relating to orthodontics, foot health, health education and other growing points of this expanding service. These newer developments, though interesting, must not obscure the important fundamentals of our routine work by medical officers and nurses, and the large number of special inspections and surveys.

Fortunately in Salford the consultant pædiatrician in charge of out-patient and in-patient facilities to Hope Hospital is also the consultant for your School Health Service at a clinic held on these premises.

Dr. R. I. Mackay reports :—

The usefulness of the school consultant clinic lies in the fact that all the facilities of a hospital pædiatric out-patient clinic can be provided in the Health Department except the more elaborate laboratory and radiological investigations. Cases referred both by school medical officers and the family practitioners are very similar to those referred to the hospital clinic, and it is interesting to note that very few of the children seen in the school clinic have to be referred to hospital for further investigation. This obviously means that the child is spared the hospital atmosphere, pleasant though it may be in a pædiatric department, and perhaps equally important that the load on the hospital clinic is lessened and so more time can be spent on each patient. Since the personnel of the hospital and school clinic are in many respects identical a high degree of continuity is possible for children who require investigation at the hospital or who require admission. In a similar way, follow-up studies can be continued in the school clinic in those circumstances where frequent laboratory investigations are unnecessary.

The type of case seen in the clinic in the past year follows the pattern of previous years and indeed the pattern of any pædiatric consultant clinic. Respiratory diseases form the biggest single group and this group is mostly composed of children suffering from asthma and recurrent sino-bronchitis. Full investigation of these children is possible in the clinic and skin tests are done on the asthmatics where indicated.

Because of the advantages outlined above, it is possible to spend time considering details of a child's history when assessing the cause of the asthma. A child's chest can be X-rayed the same morning, and the ear, nose and throat clinic is readily available for the opinion of the otologist to be obtained when necessary.

Although medicinal treatment is left in the hands of the family doctor, reports are sent conveying opinion and recommendation concerning the individual child, though ancillary and supportive treatment can be made available through the school health service. Many of the asthmatic children and others with respiratory disorders attend one of the open-air schools and are able to receive their breathing exercises under expert guidance. A recent development is the use of aerosols and detergents in the relief of respiratory distress and as an aid in postural drainage for children with pulmonary infections. A few children in the past twelve months have been admitted to Park Hospital, Davyhulme, for operation for lung disease, particularly bronchiectasis, with excellent results. The high incidence of respiratory disease in Salford constitutes a challenge which is not perhaps unique to Salford itself, but which is certainly related to adverse climate and atmosphere, to damp houses, and to the congregation of children in large numbers in antiquated classrooms.

The past year has also been notable for an increase in the incidence of juvenile rheumatism. It is possible that the existence of notification of rheumatism in any area may reveal cases which would otherwise be missed. Nevertheless, it is the impression of all who work in this region that rheumatism in childhood has recently become more common than it was during, and immediately after, the war. Happily, only a very few of the affected children have the more damaging forms of rheumatism and heart involvement, when it has occurred, seems to have been limited. Nevertheless, the mere occurrence of rheumatism in any child constitutes an important hazard and is a potential source of disablement in later life. It is possible that the higher standard of nutrition amongst school children, compared with pre-war years, is responsible for the diminished severity of rheumatism as a whole but we should not rely on this alone as a preventive, since these changes may only be the natural variations of the disease or of the streptococcal infections, which are mainly responsible. In an effort to control rheumatism we are paying more attention to preventive treatment with Penicillin or Sulphonamides, a technique which has been shown to give a substantial reduction in the number of relapses of rheumatism in susceptible children compared with children not so treated. This treatment is given under the supervision of the family doctor.

It is hoped that in the months to come a greater effort can be made in dealing with the problems of other types of handicap, particularly of epilepsy in children, although most children who have fits have been investigated in hospital or clinic and receive treatment from their family doctors. At the same time, a host of problems remain relating to the adjustment of the child with normal school and social life. It is hoped that further steps can be taken to discuss these problems with the parents of epileptic children in the calmer atmosphere of the consultant clinic always with the aim of allowing these children to live a normal life. Another development in the coming months will be a further attack on children with allergic rhinitis made in conjunction with the ear, nose and throat clinic. More extensive skin testing is to be done on those children who fail to respond to simple measures of treatment, and an attempt will be made to desensitise selected cases as indicated by this testing.

Orthodontia has for many years been a feature of our dental services and more than usual space is given towards this speciality.

Testing of hearing. It is now six years since we have used exclusively the Sweep test, and the audiometer technicians have had much experience in its use. A special interest, therefore, attaches to the report on this section.

In the sphere of *mental health* a disappointing feature of our work as to whether Special Educational Treatment is needed, is the regrettably small number of children referred for ascertainment. The Salford percentage of ascertained E.S.N. children is 0·9%, whereas there are good grounds for believing that the true incidence is above the 10% level suggested officially which has been regarded as the standard. Far too many children remain untested and unascertained, to their grave detriment and that of others. A new decisive approach is needed to this problem. It is only fair to the child that his mental abilities are measured in order that no harmful strain be placed upon him, in order that the right outlet can be afforded him for whatever abilities he possesses. On the whole the children referred seem to be those whose behaviour has some nuisance value to the class ; whereas the quiet child, who is unable to cope with the curriculum, remains unascertained. To the argument that we do not have the special classes to accommodate those children who are ascertained, there is the obvious reply that until we know the need we shall not be able effectively to meet it. There are prospects of some more classrooms being made available for these children, but surely it is not beyond our ability as an authority to make better use of existing resources by making special classes in existing schools. Far more difficult undertakings have been tackled successfully. The examination for educational sub-normality provides a useful opportunity for a review of the child's physical, mental, educational and social progress. Your staff are anxious to find out what the child *can* do rather than what he can't do ; so that fears that there will be excessive ascertainment in Salford may be dismissed.

No severe outbreak of *infectious disease* occurred during the year with the exception of a heavy incidence towards the closing months of influenza (often diagnosed as tonsillitis) and measles in the younger children.

For over ten years the policy has been pursued of allowing contacts of all infectious diseases, apart from polio and the non-existent smallpox and cerebro-spinal fever, to attend school ; whilst attendance of children suffering from virus diseases once the child is well in himself is positively encouraged irrespective of the day of the disease, and any contacts have not been excluded. No harmful effect has been observed as a result of this policy which was once thought drastic.

Due to shortage of staff little progress has been made in the incidence of verminous infestation. When we consider the remedies which have been used here for over ten years with insecticides now proved of value, the incidence of infestation is a grave reproach.

Opportunity has been taken of research into methods of treatment involving physiotherapy into bronchiectasis which is so disastrously common in this overcrowded and air-polluted area. Your staff have now great experience in breathing exercises for the after effects of respiratory disease, including asthma, and your attention is directed to this section later in the report. The provision of new rooms and facilities at Claremont Open-Air School was a great help. More and more we are trying to help the child in his own home and in his own school rather than encouraging the habit, all too easily acquired, of sending difficult cases away to residential schools.

Salford has some fortunate facilities in convalescence thanks largely to the Holiday Camp at Prestatyn and also to the generous provision which you have always made for this work which cost last year over £2,500.

HEALTH EDUCATION. Special attention has been devoted this year to health education as it is felt that this is an untouched field of work as far as the officers of this department are concerned. The School Health Service is only too willing to use its resources for better health education. Much demonstration material is available. The school health visitor can assist the teacher greatly in her hygiene and parentcraft teaching. She knows the family circumstances, acts as a link and co-ordinates the work of the various branches of the health and social services working for the betterment of the child.

THE HANDICAPPED CHILD. I give on page 197 a table showing the rates for Salford children compared with those that have been regarded as average for the rest of the country. May I say that the higher Salford figures do not necessarily indicate a true higher incidence in Salford but are reflective of the efforts your staff have made to ascertain these children.

I wish to pay tribute to all members of the staff of whose work this report is but an inadequate account. Salford children, by virtue of living in an area which is difficult for full health, deserve the very best the School Health Service can give. Nothing will be lacking in the determination of your staff to give the best possible service and added, as it has been, to your desire to do what is possible with limited resources, buildings and finances, the School Health Service should be found of ever-increasing use to the child and the family.

I have the honour to be,

Your obedient servant,

J. L. Brown.

Principal School Medical Officer.

Medical Inspection and Treatment.

Medical Inspections.

During the year 1954 there were 7,220 periodic medical inspections, comparable figures in 1953 were 8,075 inspections.

Attendance of Parents.

As in previous years most of the children who were being examined for the first time as entrants were accompanied by a parent, while at subsequent examinations the number of parents attending with their children was much smaller. We have been endeavouring to try and persuade both children and and parents, through head teachers and others, that these medical examinations are a unique opportunity and of value to the child to tell the doctor about some of the difficulties that the child experiences especially in the field of mental health.

The general condition of the children appears satisfactory. In 1953 2·1% and in 1954 1·4% of them were considered by school doctors to be of poor general condition.

In connection with the general condition of children details about milk and meals from the record cards of 5,943 children who were examined at medical inspections and from whom the information was ascertained correctly have been tabulated and are appended below.

Area.	NUTRITION "A"				NUTRITION "B"				NUTRITION "C"			
	Milk only.	Meals only.	Both.	None.	Milk only.	Meals only.	Both.	None.	Milk only.	Meals only.	Both.	None.
Central	491	26	257	32	486	38	244	29	14	2	5	1
Pendleton	459	66	364	76	633	49	409	73	17	1	5	1
Broughton	425	73	473	75	438	99	471	65	19	1	18	8
Totals	1,375	165	1,094	183	1,557	186	1,124	167	50	4	28	10

It would appear that school milk and school dinners are to become a definite foundation in the maintenance of the health and welfare of the present day school child.

School Canteens.

In 1954 an examination of the school meals service was critically undertaken in the light of the Ministry of Education Circular No. 272 "Prevention of Food Poisoning in School Canteens." The general opinion obtained was that, in spite of difficulties, there have been quite a number of new canteens erected or replacing those of the war years. Comparing the results of a similar survey undertaken in 1948 we have moved some way in providing new canteens and premises. There are still, however, some very dark spots that need attention, but with enthusiasm and interest quite a number of these should disappear.

One very striking problem which has hardly been touched upon is in the actual field of education of the workers in our canteens. By this I mean some form of instruction and preparation for people who carry out the most menial task in a school canteen and on whose shoulders sometimes rests a very heavy

responsibility in providing clean food. A medical examination on entry into the school meals service is, in my opinion, no safeguard to the health of the children. We need rather the daily application of the practical principles in food handling by all concerned. That is the vital issue. There is, however, the very difficult problem of the casual worker where employment is on an hourly basis.

Another very great difficulty is the fact that very little consideration seems to be given to the disposal of refuse beyond collection. Until some more adequate system of refuse disposal, other than by hand carriage, is discovered, the problem is that primarily of the dustbin. In the course of the survey it was noted that very little special provision was made with regard to the dustbin. It stood in any convenient spot, not necessarily the best one, and in many cases in passages without any platform or covering from the elements. For a dustbin to carry out its duties correctly it deserves good treatment. Nobody can say a dustbin is " fussy " but it " does not like " excessive heat and it " does not like " damp. Making it into an incinerator by deliberately setting fire to the refuse melts and buckles seams. Damp is the poor dustbin's greatest enemy. A wet dustbin leads to it being neglected, dented and only too often smelly. When the dustbin first arrives it is fresh and undented. What happens later is the fault of those who use it—yes, even the dents. Dents come because the dustman has to bang the bin on the van to dislodge slimy stuff clinging to the inside, and the reason for that is moisture, and we have quite a lot of that in Salford. Tea leaves, potato peelings and the like should be thoroughly drained. If the sink tidy is tipped sideways quite a lot of liquid collects in the corner. Emptied straight in the bin several times a day that liquid totals up to quite a couple of pints in a week—this liquid combines with cabbage leaves and other refuse and takes years off the life of a dustbin. To make matters worse some of our canteens have been issued with fluted bins (during the war) a most unsatisfactory arrangement.

We might have to consider paper salvage but I wonder whether a sheet of newspaper into which the sink tidy has been well shaken would help to keep our dustbins really dry. If the base of a bin has been lined with newspaper as soon as the dustman has paid his visit it might help matters. Cans, jars and bottles should be rinsed and well drained ; the bin periodically washed out with hot soda water and then turned upside down to drain and dry. If all concerned become more dustbin conscious and make the dustman's job less unpleasant, we might be able to find it easier to get more and better, recruits for the work. It might be helpful and thoughful if a little note was left on the bin to say what was inside. Dustmen do not really handle the refuse but they sometimes get cuts from jagged bottles, and liquid refuse down the backs of their necks.

As for the actual dustbin, new ones are made to the specifications laid down by the British Standards Institution. The lids are very much heavier with a deep rim and are loosely fitted—even if they are put on carelessly they will still settle in place. They are very difficult to lift and might prevent little boys from playing with them.

Problem of Milk.

Milk is a suitable food for our school population and we have not given any consideration to a proper place for its storage in our schools. Crates are kept anywhere. One little girl said that she did not have her school milk because the milk was kept outside the lavatories ! The milk trade like a clean

empty milk bottle sent back to them, and so far we have not been able to solve this problem of cleaning milk bottles in a school. It is a challenge for the future. If we are to teach our children to be clean and considerate housewives it is a challenge to the Education Committee and ourselves, and, for that matter, the general public, to find a definite practical solution to the problem. Let us think about it !

SCABIES IN SCHOOL CHILDREN. Mr. G. A. Kelly reports :—

SCABIES DIAGNOSIS.

The most certain method of diagnosing scabies is to find the causative mite. The practice here is to try to recover the actual mite ; it is an easy matter to identify it under a microscope. The co-operation of patients in having their treatment is more readily secured when they have seen the mite, which also encourages children to be serious about their treatment.

Treatment. Is quite simple if carried out by trained staff. Whenever possible the patients are invited to the specially equipped scabies clinic, where they have hot baths. This helps in the treatment and is often necessary for hygienic reasons but is not essential—and lotion of a 20% Benzyl-Benzoate is applied to the whole body from the neck to the extremities.

Number of treatments.

Number of children, 5 to 15 years.		
New cases.	*Old cases.*	*Total.*
67	15	82

Old cases are patients who are treated again within six weeks. Not all the 67 cases treated were positive scabies cases, many were only family contacts who were treated as a precaution—a policy long and keenly followed by the department.

Body vermin. Patients infested with body vermin or crab lice are referred by general practitioners or by the health visitors, or, in some cases, patients make a personal request to the department. There were two children between the age of 5 and 15 treated for body vermin.

The close liaison which exists between the School Health Service and the Health Department enables us to deal effectively with this troublesome problem.

RINGWORM DIAGNOSIS.

All cases of suspected ringworm amongst school children are examined with the aid of a Wood's lamp, but now, with the willing co-operation of the Public Health Laboratory Service, specimen hairs and skin scrapings are subjected to microscopic examination and, where necessary, culture.

Treatment. Mild cases are treated in the minor ailments clinic of the school health service, whilst others, more severe, are referred to the Manchester Skin Hospital for epilation.

B.C.G. Vaccination of School Children.

We have inaugurated our scheme for the B.C.G. vaccination of all 13-year-old school children. In October, we started by offering all the 13-year-old children at a school the opportunity of obtaining vaccination with B.C.G. All the children in attendance were invited for a preliminary screening by Mantoux testing. The negative reactors were given a B.C.G. vaccination. I am happy to say that 36·63% of the 13-year-old children in the school received B.C.G. We were fortunate that in those children vaccinated none of them had any of the more serious complications of glandular enlargement or abscess formation.

With increasing propaganda we hope to increase the response for B.C.G. vaccination in the coming year.

				First Mantoux Test				Second Mantoux Test						
	Number of children	Consents	Refusals	Positive	Negative	D.N.A.	Total	Positive	Negative	D.N.A.	Total	B.C.G.	D.N.A.	Total
Boys	119	82	37	9	64	9	82	13	51	...	64	45	6	51
Girls	113	79	34	16	51	12	79	10	41	...	51	38	3	41
Total...	232	161	71	25	115	21	161	23	92	...	115	83	9	92

Percentage of children who received B.C.G. from total invited—36·63%

Percentages from Number of Consents Received.

Children who received B.C.G. vaccination ... ... 52·75%
Positive reactors ... ... 34·3 %
Total number of children who did not attend ... ... 17·39%

	None	Papula	Vesicle	Infilt.	Ulcer	Gland	Abscess	Total
Boys	3	8	25	...	9	...	...	45
Girls	3	8	18	...	9	...	...	38
Total	6	16	43	...	18	...	...	83

The Educationally Subnormal Child.

During the year, 211 children were examined with regard to educational subnormality and, of those, it will be noted that 10% were notified to the local health authority. Just over a half of those examined required some form of special educational treatment, and a quarter were considered fit for continuance at an ordinary school. A distressing feature is that out of 363 invitations which were sent to parents no less than 152 failed to attend for examination. Public opinion is still not alive to the need of special educational treatment. The greatest response was where it was possible for children to attend for special education in a special class in their own ordinary school. Where it meant the movement to another school there was some parental opposition. Special classes in ordinary schools may not quite be the answer, but there does seem something very favourable in approaching this problem by obtaining parental consent for special educational treatment.

Educationally Subnormal Cases.
Totals for 1954.

Number Examined.	Boys.		Girls.		Totals.		Grand Total.
	New Cases.	Old Cases.	New Cases.	Old Cases.	New Cases.	Old Cases.	
Classification.							
1. Education in an ordinary school	39	2	15	...	54	2	56
2. Education in an ordinary school with special educational treatment	42	3	28	...	70	3	73
3. Education in a Day Special School	6	...	9	...	15	...	15
4. Education in a Boarding Special School	17	3	6	1	23	4	27
5. Notified under subsection 3...	7	1	4	1	11	2	13
6. Notified under subsection 5...	5	...	3	...	8	...	8
7. To be re-examined in twelve months	11	2	5	...	16	2	18
8. Home Tuition	1	...	...	...	1	...	1
Totals	128	11	70	2	198	13	211

Intelligence Tests.	New Cases.	Old Cases.	Total.
Boys	128	11	139
Girls	70	2	72
	198	13	211

Invitations sent to parents	363
Attended	211
Did not attend	152

Epileptic School Children.

Dr. Parkinson, of Salford Royal Hospital, continues to take a very keen interest in all our children needing expert neurological investigations. The following table shows the classification of children who are on our epileptic register.

	Boys.		Girls.		Total.
	Old Cases.	New Cases.	Old Cases.	New Cases.	
Unclassified	5	3	3	...	11
Petit Mal	10	7	6	3	26
Grand Mal	1	...	...	1	2
Idiopathic	3	...	2	...	5
Traumatic	1	...	...	...	1
Cryptogenic	2	...	1	...	3
Totals	22	10	12	4	48

	Boys.	Girls.
Left school in 1954	5 (1 notified to L.H.A.)	8

Acute Rheumatism.

Acute Rheumatism with any of its complications is a notifiable disease in Salford under the Acute Rheumatism Regulations, 1953. Some difficulty is experienced with regard to notification for the simple fact that the disease is not notifiable right throughout the country and, as a result, some of the hospitals do not always notify cases immediately.

There has been occasion where acute rheumatism has been casually mentioned in the course of correspondence between hospitals and the school health service, and it was only by diligence that some cases were brought to light.

Rheumatism Cases—Salford School Children.

	Girls.		Boys.		Total.
	Old Cases.	New Cases.	Old Cases.	New Cases.	
Acute Rheumatism	14	19	10	9	52
Rheum. Carditis	1	...	3	...	4
Rheum. Arthritis	...	...	2	...	2
Rheum. Chorea	3	1	...	...	4
Post Rheum. Fever	1	2	2	1	6
Totals	19	22	17	10	68

The Enuresis Clinic.

Two hundred and eighty-nine children—140 boys and 149 girls were on the books for the year 1954. This is a difficult social medical problem and requires the very closest co-operation by the parent in the treatment of the condition and in habit training. More and more Salford parents are ready now to seek treatment and are moving from the idea that it is a condition that should be left untreated ; not discussed ; and the child allowed to " grow out of it."

It is always difficult to obtain admission to convalescent homes for children with difficulty in controlling their excretions, but Mrs. Straddling, S.R.N., of Macclesfield, has kindly consented to accommodate some of these cases

of children who were in need of convalescent treatment. It is pleasing to record that in a few cases after convalescent treatment, the condition of enuresis and encopresis was controlled, much to the pleasure of the parents and gratifying to all concerned. It is not, however, suggested that convalescence is a cure for incontinence.

Handicapped Children.

It would be seen that about half our children who are in some way physically handicapped are accommodated in ordinary schools. It is our policy as far as possible to see that children are educated in as normal an environment as possible, but at the same time, it is a challenge when it is said that 1,934 children are handicapped in some form or other out of our school population of 28,000 children. The ultimate seriousness of these handicaps will not be really seen until these children have lived their lives, but, no doubt, these handicaps will contribute to an enormous amount of human misery, and they remain a challenge to the School Health Service and other preventive services in trying to keep down these handicaps to a minimum. For example, there are 72 children who are partially deaf on our " Special " register (as distinct from the Handicapped Pupils' Register) and, in some of these cases, the deafness might have been prevented.

These are our liabilities for the future and it is our duty to try and salvage as many as possible.

Causes of Death among School Children.

It will be seen that accidents and malignant disease are the main cause of death among school children. However, we have been lucky that this year fewer Salford school children died than in previous years.

Number of Deaths of Salford School Children in 1954 as Supplied by the Registrar from 1st January to 31st December, also Transferred Deaths to the Quarter Ending 30th September, 1954.

No.	Boys.	Girls.	Cause of Death.	Place.
1.	16 yrs.	—	(Handicapped Pupil) : (1) Myocardial failure. (2) Pulmonary Consolidation. (3) Mitral Stenosis.	Davyhulme Hospital.
2.	15 yrs.		Multiple injuries, knocked down and run over by motor van.	
3.	12 yrs.		(Notified) : (1) Cardiac Failure. (2) Spasm of Glottis. (3) Pseudo-Hypertrophic Muscular Dystrophy.	Hope Hospital.
4.	7 yrs.	—	Found drowned. (River Medlock, near Dawson Street).	
5.	15 yrs.	—	(Handicapped Pupil) : (1) Cardiac Failure. (2) Mitral Incompetence. (3) Congenital Heart Disease.	At Home.
6.	11 yrs.	—	Spinal Tumour (Sarcoma).	Christie Hospital.
7.	11 yrs.	—	Cerebral Tumour (Sarcoma ?)	Royal Manchester Children's Hospital.
8.	10 yrs.	—	(1) Cardiac Failure. (2) Massic Pleural Effusion. (3) Secondary Sarcoma. (4) Sarcoma Lt. F.	At Home.
9.	—	14 yrs.	(1) Cerebral Hæmorrhage. (2) Myeloid Reticulosis.	Hope Hospital.

Infectious and other Notifiable Diseases, 1954, in Children.

Age Groups—5 to 15 years.

Diphtheria	1	Pneumonia	20
Erysipelas	1	Measles	671
Scarlet Fever	82	Whooping Cough	144
Tuberculosis—Pulmonary	11	Food Poisoning	10
,, Other forms	0	Scabies	4
Dysentery	146	Rheumatism	37

Diphtheria Immunisation—5 to 15 years.

Summary of Injections given January to December, 1954.

	Number Invited.	Safety Injections.	Completed Immunisation.	
			A.P.T.	T.A.F.
Schools	3,911	2,350	53	12
General Practitioners	...	42	7	...
District	...	1	...	1
Totals	3,911	2,393	60	13
Children Immunised—1953		2,588	112	...
Increase		...	...	13
Decrease		195	52	...

The drop in the number of safety injections given to school children during 1954 is due mainly to the measles epidemic during the end of the year. There were also, spread over the year, cases of whooping cough, cases of scarlet fever, and, between March and June, there was an outbreak of dysentery. All these illnesses had their affect on the safety injection figures.

Health of School Children in Relation to Absenteeism.

During the year there were on the rolls an average of 24,529 children in the primary schools and 3,655 children in the secondary schools, and the average attendance was 90·5% and 91·6% for the respective groups. Looking at these attendances in relation to the absences in absolute numbers there were on an average 2,325 primary school children and 299 secondary school children out of school on every school day of the year.

The general classification of the reasons as given by the School Welfare Officers for non-attendance is interesting.

	Primary.		Secondary.	
	Per cent.	In relative numbers.	Per cent.	In relative numbers.
Truancy	·5	12	·5	2
Poverty	1·5	36	1·5	6
Home duties	5·0	116	10·0	30
Epidemics	20·0	464	15·0	45
Known sickness	50·0	1,163	40·0	120
Alleged sickness (covered by doctor's notes)	10·0	232	20·0	60
Oversleeping	5·0	116	5·0	15
Needless absence	4·0	93	4·0	12
Parents' holidays	4·0	93	4·0	12
Totals		2,325		302

The strikingly low figure of 0·5% for truancy indicates a very high standard of happiness in our schools and there are relatively few children who are innately difficult to get to school.

In the question of poverty is the difficulty where children are off school because their clothing and shoes are in a state of bad repair and parents have not taken urgent action.

It is astonishing to find that nearly 464 children are off every day for epidemics. This figure is hardly confirmed by the numbers of our notifications for infectious diseases.

Genuine home duties might be necessary on occasion, but often it is found that it is the same cases that are out of school for fairly long periods of time.

It is surprising when it is said that some children would rarely be in school were it not for an attendance officer periodically going as a " knocker-up " between 9 and 10 a.m.

Parents' holidays in many instances are unavoidably arranged at school time, but in a good number of cases it is usually those children that are most retarded educationally that have the most time off school.

Finally, there is the very difficult case of the child with casual days or half-days off periodically where it is extremely difficult for any attendance officer to keep track of the child's attendance as the child is in and out of school so frequently.

The problem is serious when it is noted that 9% of our children are out of school every day of the school year. Some of these absences are difficult to explain, but they are, no doubt, the seeds for the future standards of our citizens, and it is important in this age of full employment for our economic survival.

Heights and Weights.

An increase in the general growth of boys and girls is shown by comparison with the averages for 1953.

The heights and weights of the 1,070 boys and 946 girls between 5 years and 6 years who were new entrants to school have been analysed and the average taken of each of the twelve monthly groups. By comparison with the figures for similar age groups for 1953 a slight improvement is indicated in most cases.

Compared with the averages for 1935 there is a significant improvement as shown below :—

Averages.			1935.	1954.
Heights.	Age 5 years 6 months.	Boys ...	42·2 inches.	42·9 inches.
		Girls ...	42·3 ,,	42·7 ,,
Weights.	,, 5 ,, 6 ,,	Boys ...	40·3 lbs.	42·1 lbs.
		Girls ...	38·3 ,,	41·0 ,,

Improved School Health Services and School Meals, together with better standards of living have undoubtedly contributed to this satisfactory increase.

Infant Classes.

In February, 1954, at the request of the Headmistresses of certain infant schools, it was decided to medically examine the children in the nursery classes of four schools each term. It was felt that these children were not receiving the same medical attention as children in a nursery school.

A total of 431 examinations were made (236 boys and 195 girls) between 2nd February, 1954, and 7th December, 1954. This number contains the names of some children two or three times as each class was visited once a term, and a child of 3 years and eleven months last February would be seen each time, whereas a child of 4 years and 9 months in February, 1954, would only be examined once.

The following schools were visited :—

Trafford Road Infants' ...	February, May/June, September.
Ordsall	March, June.
Nashville Street	March/April, July, November/December.

Of these 431 examinations, 236 were Nutrition " A," 195 Nutrition " B." No child was found to be Nutrition " C."

In view of the fact that a number of children are Nutrition " C " at the five-year-old medical inspection, it should be interesting to note whether these children are those who have attended nursery class or school or who have come straight from the home environment at five years old.

Of the " defects " found, cervical glands and dental caries with figures of 76 and 75 respectively were the highest, closely followed by genu valgum with 58 and enlarged tonsils 37.

One of the interesting things from this examination has been the apparent rapidity that a child's teeth can decay and his muscle tone both weaken and improve, because the same child will have been "A" in one examination, and possibly " B " in another.

School Health Nursing.

The total output of work carried out by nursing staff compared with that for the previous year was increased. The detection and treatment of physical defects, the promotion of cleanliness of body, the problem of head infestation, dental and general personal hygiene, health education, all received attention.

The major health problems of today, however, are concerned with the mind and personality, and the seeds of these disorders are often sown in childhood. The School Health Visitor therefore should consider that problems of behaviour and signs of undue emotional tension demand her attention just as urgently as do physical defects. The children, for example, showing signs of poor group adjustment—timid—insecure—nervous ; those with an unsatisfactory attitude to authority—the over-dependent—the unresponsive and the disturbers of the peace ; the child who makes use of symptoms to evade difficult situations and those with delinquency problems—lying, stealing, truancy, etc., all require " treatment." Efforts have been made to reorientate the work of the School Health Visitor along these lines, and some—rather slow—progress has been made.

It would be helpful if early personality problems could be referred to the School Health Visitor by the teacher, as it would if there were a Mental Hygiene Clinic available to which she could refer any case presenting a problem which is outside her scope. The need for such a clinic far exceeds that for routine medical examination centres.

Clinic Work.

All clinic sessions have been attended by nursing staff—the total number of staff sessions being greater than that in 1953. The mobile Minor Ailments Clinic continued to be used to full capacity.

In addition to the treatment of minor ailments the clinic nurse in charge is able to detect and refer for appropriate treatment other conditions as required. Particulars are given below :—

	Seven schools (a.m.)	*Six schools (p.m.)*
Children sent home with high temperatures ...	41	29
,, referred direct to hospitals	14	14
,, ,, to own doctors	47	27
,, removed by ambulance to hospital ...	4	3
,, referred to School Medical Officer ...	81	45
,, ,, ,, Eye Clinic	9	4
,, ,, ,, Chiropody	18	9
,, ,, ,, Dentist	51	30

Domiciliary Work.

Home visiting is undertaken to ensure that medical advice is properly understood and carried out, to advise regarding verminous infestation, absenteeism from clinics, unsatisfactory conditions generally, management of children at home, and to obtain information regarding home conditions where required.

There was an increase in the number of visits paid, for the follow-up of verminous infestation and unsatisfactory home conditions which effect the child's school life.

School Work.

Annual surveys, hygiene inspections, vision and other tests were carried out by nursing staff. An experiment was carried out in several schools, in which the School Health Visitor paid a regular weekly visit to school, distributing her supervision of the children more evenly over the whole term instead of the more usual concentrated survey early in the term.

This was very successful, as well as acceptable to the teaching staff, and it is hoped to extend the practice further in due course.

Infectious Diseases.

Seventy-nine visits were paid to schools in order to investigate and follow-up outbreaks of infectious disease, involving the examination of 3,583 children.

Personal Hygiene.

There was a slight improvement in the general standard of hygiene. The percentage of children found to have infested heads was 14·06% (15·3% in 1953). This improvement was offset, however, by an increase in the number of children found to be infested on more than one occasion, *e.g.*, of the 4,337 children involved, 1,050 were found to be infested three times or over (811 in 1953). The problem of verminous infestation is a most difficult one and seems almost impossible to solve by present methods of attack. Experiments with different forms of insecticide are to be carried out next year.

Annual Surveys.

The number of children undergoing a comprehensive annual examination by the Health Visitor was slightly fewer—15,534 (15,787 in 1953). Of these, 1,246 were referred for further investigation. Every opportunity was taken during the surveys to teach the principles of hygiene and healthy living, both individually and to small groups.

Classroom Teaching in Schools.

Regular classroom teaching continued on a small scale in one school. The class consisted of twenty-seven senior girls, one-third of the class leaving at the end of each term and being replaced from the next class. For this reason it was necessary to arrange a syllabus which was complete for each term.

Health and beauty was the theme throughout the year, and the lessons related the health needs to the interests of the pupils. During the first two

terms, fifteen lessons were given in the form of discussion groups, with guidance along the right lines by the Health Visitor. Each lesson had a title, thus :—

1. Grooming and appearance.
2. A good carriage.
3. Posture.
4. Growing tall.
5. A good figure.
6. Healthy clothing and fashion.
7. Women of bygone days.
8. The modern teenager.
9. Caring for the complexion.
10. The healthy skin.
11. Beauty aids.
12. Hair—the crowning glory.
13. Eating for health and beauty.
14. Dangerous habits.
15. Smoking.
16. Drinking.
17. A healthy environment.
18. The air we breathe.
19. Healthy homes.

During the third term, the lessons continued around the theme "Attractiveness." The answers to the question " what makes a girl attractive ? " stimulated an interest in personal freshness, attractive hair, strong teeth and a good figure. Special emphasis during each lesson was laid on the nutritional needs of adolescents, and the value of sleep.

Because health information does not necessarily mean that healthy habits and attitudes will be adopted, one of the most difficult tasks in carrying out health education in school is to help the children to accept and develop these habits and attitudes. Here the value of class discussion proved enormous.

The cost of keeping clean in terms of money is very small in comparison with the cost in time and effort where there is a lack of such facilities as privacy, hot water and a towel of one's own. To wait up until growing brothers leave the kitchen at night, to endure the comments of one's family where unhygienic habits are established—this is no small price to pay unless the end result is considered to be worthwhile.

Nursery Schools and Classes.

Most nursery schools are visited daily by a Health Visitor and arrangements are in hand for weekly visits to be paid if possible to all nursery classes in the future.

Hygiene Attendants.

Assistance at medical examination centres, the Eye Clinic, Minor Ailments Clinics, Chiropody and Scabies Clinics ; the carrying out of disinfestation of verminous children ; assisting Health Visitors with school surveys, weighing and measuring children, vision testing and like duties have been carried out by hygiene attendants, relieving trained nursing staff for the more skilled work appropriate to their qualifications.

Open-Air Schools.

A clinic nurse attends each open-air school daily in order to treat minor ailments and to supervise the health of the children. She works in close collaboration with the Specialist Health Visitor for children neglected in their own homes, many of whom benefit greatly from the facilities offered in their schools.

The Open-Air School and the Neglected Child.

In recent months the value of open-air schools relative to their cost to the community has been much discussed by those concerned with medical and educational policy. Whilst some hold the view that such schools are gradually becoming redundant, others are of the opinion that they still fulfil a need, which, moreover, is social as well as medical. In the experience of many workers in the field of child welfare, social conditions affect the child's capacity to benefit from the ordinary educational facilities provided by the Local Education Authority.

Salford's two open-air schools have a combined attendance of 250 pupils. Of these, 168 are registered as " delicate " or suffering from some other general debility such as anæmia or recurrent bronchitis. The remaining group of 82 pupils are entered on the " handicapped pupils " register for a variety of special defects or chronic ailments ; examples are asthma, physically defective, partially sighted. Here we are concerned with the first group, which together will be referred to as " delicate."

The word conjures up in the imagination of a picture of a frail, large-eyed little boy or girl, precious to his family, ailing in spite of loving care because of a weak constitution—decreed as a fate from birth, or as the result of some severe illness. This picture is undoubtedly true in some cases, but in others it is grossly misleading. Sixty-five of the 168 delicate children, i.e., nearly 40%, have been reported at some time or another to the worker for children neglected in their own home. A number of these are not actually neglected, but are affected by some long standing and striking defect in the home background, such as an overcrowded insanitary dwelling, poverty (far from eradicated), separation of parents and many others. Whatever the personal contributing factors on the part of the parents, be it poor health, low intelligence or indifference, the results in this group of 65 children are living standards well below the average for the whole community or such strains and stresses as hinder the proper development of the particular child.

A full investigation would undoubtedly show that the proportion of " socially handicapped " children is well above 50% of those who are registered as " delicate." Thus the picture of a delicate child needs to be revised to fit the facts. Underweight, puny, pale and tired ; often lacking proper nourishment, adequate sleep, sufficient and decent clothing, timely medical attention ; frequently unwashed and infested with head lice. How much help does the open-air school offer these children ?

1. In the first place they have three good meals a day, thereby making good any deficiency in home feeding. New comers often reject many dishes they have never known, such as cheese and salads for tea, and even cabbage and carrots for dinner. But it is not long before they become accustomed to such meals and develop a hearty appetite.

2. The hour's sleep on a camp bed of their own is also at first resisted, but soon the great need for sleep asserts itself. Quite a number of these children are not sent to bed at night before the grown-ups, and sleep three and four in a bed, perhaps without proper bedding.

3. Through regular medical examinations and daily visits from the school clinic nurse, a careful check is kept on progress. Necessary treatments and special tonics for growth and development are given " on the premises " so that the children are sure of receiving the benefits prescribed for them.

4. Education in healthy habits might have headed the list, for it is of paramount importance. In order to thrive, a child's life needs a ryhthm of activities, some of which recur so regularly that they can be taken for granted. This again is a new experience for many of the children entering open-air school. Meals, rest and exercise, work and play combine to form a pattern that becomes accepted as normal and inevitable. Sitting down at table and eating with knife and fork, washing hands after visiting the toilet—these and other good habits, one hopes, will " stick " long after the boy or girl has left the open-air school.

5. Personal interest in the individual child is easier in special schools than in ordinary schools, for a variety of reasons. This is the neglected child's greatest need, and, in fact, direct influence by teacher or nurse has, in some cases, achieved miracles of transformation, especially with older children.

From the community's point of view, open-air schools are an investment rather than a financial burden. In 1954, 106 delicate children were admitted to the two schools, 36 of whom were known to be " socially handicapped." What would have happened to these 106 children in the absence of such provision ? It is no exaggeration to say that the greatest single benefit conferred by attendance at open-air school is the daily return to home and family. Whilst this is obvious in the case of careful and capable parents, it may sound a paradox after what has been said previously about the effect of parental failure. It may be thought that at least those children most urgently in need of special care should be admitted to residential schools.

We disagree with that view, holding that even inefficient parents and a poor home have much to offer their children : the familiarity of home, a sense of belonging ; above all, love from their own, not kindness from strangers. Even if little family affection is present, just acceptance is of infinite value to a child ; and to be sent away is liable to cause feelings of rejection, more so in the insecure child.

Whilst we do all in our power to build up the delicate child's health and stamina, we do not merely aim at producing fine physical specimens, but human beings with a capacity for warm feelings and spiritual development.

If open-air schools were to be closed, only a small proportion of present and future pupils could find residential places. The number affected would be large because of the rapid turnover, one year often being enough to enable a child to face the rough and tumble of ordinary school life combined with the strains and deficiencies of his own home. Deprived of this period under more sheltered conditions, many children would suffer further deterioration in their health, with consequent loss of education. Not only would some children be unable to attend the ordinary school with any regularity, malnutrition, fatigue and general debility would deprive those who attended from

benefiting by the education offered. This applies to all the delicate children, not only the neglected ones. In the case of the latter, it may even be argued that a longer period at the open-air school is necessary if the benefits derived are not to be wasted by relapse into debility. To have to re-admit a child and start again " from scratch " is a human and financial waste of the first order. It would be better to reduce the number of admissions by more stringent selection on the basis of social as well as medical conditions.

For this, the co-operation of the Health Visitor is indispensable. In most cases she already knows the family, and, in any case, she is able to conduct a full and intimate investigation into home background. In some cases it should be possible for the Health Visitor to educate the parents in the special care their child requires whilst he continues to attend the ordinary school. This would mean that only those who most need it have to enter open-air school. Here again, home supervision given by a Health Visitor, especially during school holidays, can be of great help in ensuring that the child derives maximum benefit and the community obtains an appropriate return for its financial outlay.

The case of Jean T . . . . may illustrate co-operation at its best. She is the eldest of five children. Both parents are backward and the mother's general health is poor. Her father is frequently out of work, but anxious for the welfare of his family. Up to 1953, Jean attended a large secondary modern school. Her record of attendance was poor ; she often arrived dirty and unkempt and occasionally without breakfast. On two such occasions she fainted at school, and the School Health Visitor's help was asked. In both cases the family was found to be quite destitute, and urgent help was given in co-operation with the N.S.P.C.C. The parents were warned, and advised with patience and firmness and given continuous support. In spite of this, and in spite of free school dinners, Jean's physical condition continued to deteriorate. She was losing weight, showed signs of fatigue and inattention at school. In January, 1953, she was admitted to open-air school. Whilst at the age of 12 not all the deprivations of her early childhood could be made good, she has made good progress in growth and development and is much stronger. In addition, she has learned to keep herself clean and tidy and has lost many of her sullen ways in response to the Head Teacher's personal interest. This has been accompanied by a marked improvement in her educational performance. Her parents have continued to receive constant support and supervision. Clothing from the School Welfare Service, last minute rescue from eviction, help with budgeting and buying of food, etc. Last year, Mrs. T . . . . and the younger children spent a month at Brentwood Recuperation Centre. Under the Health Visitor's guidance, Jean and her father prepared the home for their return. Improvement in home care has been maintained so that Jean will be able to spend her last year at an ordinary school in preparation for the rougher life in the outside world. This family will never outgrow the need for supervision, but others, fortunately do. Such concentrated help cannot be given to more than a fraction of the parents of delicate children.

Should we drop this misleading term " delicate " and substitute one that indicates defects in nurture and not in nature which are, more often than not, responsible for the child's condition ? Certainly not ! It is a good word, to which no stigma attaches itself, and thus likely to incline parents to co-operation because of its associated emotions. By refraining from making an official distinction in this group between the well cared for and the neglected

child, we are helping both, and we can assist some parents to improve their standards without causing any guilt feelings. This is sound psychology, however much it goes against the grain of average censorious human nature.

TO SUM UP.

The open-air school and its associated services are giving to the child suffering from malnutrition and debility the kind of help for which substitutes could not easily be found. Further, this help is given in the most tactful way possible by basing it on the word " delicate." In this case, actions do not speak louder than words, for this word is itself an action of the most powerful kind.

The Ear, Nose and Throat Clinic.

Dr. Florence Cavanagh reports :—

A regular weekly clinic has been held. This session is run in conjunction with a general medical clinic, the two together forming the Pre-Tonsillectomy Clinic. The Pædiatrician (Dr. Margaret Griffiths) who conducts the general medical examination, has found several unsuspected conditions in these children, showing once again the importance of such detailed work in the care of the young. Some of these children have been admitted to hospital for further investigation and treatment, prior to dealing with the Ear, Nose and Throat disease.

For most of the year we have been without the services of an Aural Registrar. This has meant that the waiting list for consultations has increased and there is appreciable delay in the children being seen. However, a Registrar has now been appointed and we are hoping that soon we shall be able to see cases within a week or so of the request being made.

The importance of the work of the nursing staff in the dressing of ears has always been stressed. In all the clinics now, the nurse wears a head mirror and has every other necessary piece of equipment. As changes occur in the nursing staff, we strive to maintain and improve the work by arranging for newly appointed nurses to attend the Surgeon's Clinic on one or two occasions. This enables the nurse to meet the surgeon, to hear first hand the treatment necessary and to be shown the actual perforation or other abnormality. This increases the interest of the work and so promotes greater care and efficiency, all of which benefits the patient.

Operating sessions for removal of tonsils and adenoids have been increased and it is most gratifying to be able to tell patients that a child will be admitted within a few weeks once the decision to operate has been made.

The class for the partially deaf has been filled, and in fact we now have a waiting list. Should this list increase, it will be necessary to appoint a second teacher. It is essential that children handicapped by deafness should receive the appropriate type of education without delay.

Audiometry.

The handicap resulting from defective hearing is difficult to realise because there are no visible signs to show that such a disability exists. Partially deaf children often suffer from a sense of frustration because they are unable to take part in some of the activities of children with normal hearing, and those of school age tend to lose interest in their lessons due to their inability to hear all that is said to them ; this may lead to mental retardation and tend to make a child appear less intelligent than he really is. Retarded speech may also be due to defective hearing.

In order to ascertain any such deafness amongst schoolchildren each school is visited annually and hearing tests are carried out on the six-year-old children by the " sweep " tests method, using a pure tone audiometer. Each child has a rapid individual test and each ear is tested separately at a volume of 20 decibels on 500, 1000, 2000, 4000 and 6000 frequencies. Children who fail to hear on one or more of these frequencies at 20 decibels are re-tested at the school clinic by means of an ordinary pure tone audiometer, down to the threshold of hearing. Any failures from this second test are then referred to the Ear, Nose and Throat Clinic, where they may receive the appropriate treatment and be recommended for educational treatment if necessary.

During the past year, the hearing of all six-year-olds was tested. Although 9·7% of the 3,097 children who were tested failed the " sweep " test in school, on subsequent examination at the school clinic the true percentage of failures was found to be 6·9%.

Children of all ages are also referred for hearing tests by school medical officers, nurses, head teachers and speech therapists. Any failures from this group are also referred to the Ear, Nose and Throat Clinic for the otologist's advice. Six hundred and ninety-eight individual audiometer tests were carried out during the year, including the " sweep " test failures. Children who are suspected of being educationally sub-normal are sometimes referred for a test of hearing.

It is intended that, in future, the " sweep " testing of five-year-olds will be substituted for six-year-olds so that defective hearing of schoolchildren may be ascertained at the commencement of their school life.

The fact that the normal child learns to speak during the first two years of life emphasises the importance of the early ascertainment of deafness, so that training of the deaf child may be given during the years most vital to speech development. It is easy to understand how much more difficult it is to commence the training of a child of five years whose speech and mental development is retarded due to his hearing loss.

During the year lectures and demonstrations on the method of performing screening tests of hearing on babies and very young children, were given by Dr. I. R. Ewing to several members of the health staff, including health visitors, in the hope that any child or baby screened out as having defective hearing in our maternity and child welfare clinics may be referred to the Department of the Deaf at Manchester University for more complete tests. This would ensure that any children so handicapped would receive early medical treatment in cases of ear disease and/or special educational or home training for children who need it, thus providing the opportunity for such children to develop mentally and socially to the best of their ability from the earliest possible age.

Ophthalmic Clinic.

Dr. J. Scully reports :—

Of the various defects and diseases discoverable in schoolchildren, as a result of school medical inspection, defective vision and squint occupy the highest place among conditions requiring treatment. Approximately 10% of children, and a figure sometimes greater than this, are found to have some form of visual defect, and this figure is representative of the country generally. Apart from the rapidly treatable external eye disease and the occasional

incidence of infections of the internal eye, the greater majority of cases of visual defect referred to myopia, and hypermetropia, are frequently complicated by astigmatism ; and if it is remembered that all these conditions frequently result in a sufficient interference with vision as to affect seriously the child's education the magnitude of the problem can be assessed. In addition, uncorrected myopia may result in an increase in its progression and untreated squint may result in the permanent loss of the vision of one eye.

For these reasons it becomes a matter of first importance to discover visual defect at the earliest possible age. Early detection of defect is effected adversely by the fact that children do not enter school until the age of 5 and the majority do not become literate until the age of 8. The greatest incidence of squint occurs *before* the age of 5, and myopia frequently appears before the age of 8. It becomes desirable, therefore, to test the visual acuity of children as soon as possible after entry into school. To test visual acuity before the child knows the alphabet requires the use of the illiterate " E " test and such testing is more time consuming " and is less reliable due to the undeveloped powers of concentration of the child " and ideally requires the services of a health visitor or an attendant.

Children are referred to the Eye Clinic from clinic and school examinations by school medical officers and health visitors. In addition, children may also be referred directly from schools by head teachers, and even as a result of observations made by the parents themselves. Appointments are also given for children attending grammar and secondary modern schools as a result of 'phone calls made from these schools by the school clerks. Following the receipt of requests for invitation from their various sources, a waiting list is compiled and cases are sent for in order of referral. The waiting list runs on an average for about three weeks and rarely extends longer. Emergency cases involving injuries, inflamed eyes, etc., are sent direct from schools and treatment is given the same day.

Each morning ten new cases are invited to attend by the nurse in charge of the clinic. A test of visual acuity is given and a short history of the patient's complaints taken from the parent, or from the child in the absence of the parent. The patient or the parent is then given a bottle of mydriatic drops and invited to attend again for examination by the oculist and a dark room test. Following this examination the parent is told of the state of the child's eyes and whether glasses are necessary. A date for a final test is then given, and, in the case of children who cannot read, instructions are given in the use of the illiterate " E " test. At the final examination, glasses are prescribed if necessary and, in the case of children with squint, the mother is advised of the importance of continued supervision of the child while wearing glasses, and the constant review of his vision. This entails referring the child for orthoptic exercises, in two or three months.

Myopic children are examined at six-monthly or twelve-monthly intervals, depending on the degree of short sight, and the child is instructed to return to the clinic if there should be any breakage of glasses.

Long-sighted children are asked to attend for an examination with drops, at intervals of twelve to eighteen months. Frequency of examination is not so desirable as in the case of children with short sight.

Children suffering from squint are referred, as previously mentioned, to the orthoptist, who supervises the visual acuity of the younger children of illiterate age and over. When the vision in each eye is comparable they are given the benefit of orthoptic exercises with a view to curing the squint. During this process of supervision and orthoptic exercises, it is frequently necessary to re-test the child and referral is made to the oculist for examination under a mydriatic. He prescribes any change of glasses found necessary.

Following the orthoptist's supervision and treatment, cases which have achieved a good degree of binocular vision are referred to the out-patient department, Hope Hospital, for surgical treatment if the angle of squint is of such a degree as to require it. The usual stay in hospital is ten days, after which the child is referred to the clinic for post-operative orthoptic exercises and further supervision.

These photographs show the result of treatment by exercises and operation. The child is enabled to hold her eyes straight with and without glasses and has so much control that if the squint occurs as in the third picture, she is enabled to hold the eyes straight.

This patient also as a result of operation, plus exercises, has the ability to hold his eyes straight with and without glasses and to overcome the squint.

These photographs show the result of a cure of the squint by exercises only, where the boy has learned how to control his squint and can hold his eyes straight.

This is a patient where exercises have resulted in the ability of the child to hold the eyes straight.

Another case where exercises alone have enabled the child to hold her eyes straight.

As the figures show, the incidence of squint is probably higher in Salford than in the country generally. This is most probably due to the fact that few cases of squint remain undetected in the school population. The reasons for this is that there has been a long continued attention given to the detection and treatment of squint in Salford during the past twenty years, and the facilities for treatment in refraction, the provision of glasses, occlusion, orthoptic treatment, and operative correction, have been available for this period of time. A practice of great value is the effort to keep a squint, once recognised, under observation for tests of visual acuity and further treatment. In Salford, a patient is given a forward date card, having a date inscribed for the next examination, and if the child does not attend three successive post cards are sent at intervals of two or three weeks requiring the child to attend. If this is unproductive a home visit is made by the hygiene attendant when the situation is made plain to the parent or the guardian of the child. In a great majority of cases parental response to these measures has been forthcoming. As a result of these activities over many years and of the interest and co-operation of school teachers, reference of cases from maternity and child welfare clinics, and the frequent examination of children by health visitors in schools, there has been a noticeable realisation of the value of squint treatment and the results to be obtained. In Salford, though the incidence in the city (5·2%) appears to be greater than in most areas, it is believed this is because very few cases remain unrecognised or are lost sight of subsequently during the period of school life.

The following is a squint register of cases under supervision and treatment.

Number of cases on the register	1,484
,, ,, ,, where eyes are straight with glasses	454
,, ,, ,, ,, ,, ,, ,, ,, and without glasses	485
,, ,, ,, ,, the squint is present with glasses	545
,, ,, ,, referred for orthoptic treatment	160
,, ,, ,, ,, ,, cosmetic operation	37
,, ,, ,, cured or cosmetically straight	87
,, ,, new cases during the year	201

From the foregoing it will be perceived that a great deal of filing of case cards, day book attendances, and other administrative work is necessary. This work devolves upon the hygiene attendant who is also much occupied in filling in the repair forms for children whose glasses have been broken. Children attending with broken glasses may come at any time in the morning or afternoon. Reference is made to the file to discover the date of the last test, and if this is of comparatively recent date the glasses are sent for repair. If the child's vision needs re-testing he is invited to the clinic for this purpose, or, if necessary, a vision test is carried out immediately.

A not inconsiderable portion of the hygiene attendant's time is spent in home-visiting children who have failed to complete any part of their eye-test or have defaulted repeatedly from the orthoptic department.

Treatment of superficial eye diseases is prescribed by the oculist and carried out at the clinic. Drops and ointment are prepared by the hygiene attendant under the supervision of the nurse.

Partially-sighted children. Children placed in this category are those having a congenital defect with a visual acuity of no better than 6/24 or 6/36 when the condition is not amenable to treatment, and also those cases of myopia of high degree, six dioptres, in the early years of childhood. These children are encouraged to attend the partially-sighted class which is domiciled in the open-air school at Claremont. They are collected by corporation 'bus at the nearest point to their homes and are returned by the same method at the end of the day. They have their mid-day meal at school and a light tea before departing for home. No emphasis is laid on their visual defect but every encouragement is given to measure up to the normal curriculum for children of the same age. They are encouraged in the use of hand and eye, and hand-work finds a notable place in class activities.

When the eye condition becomes static, i.e., when there is no further deterioration in the power of sight, the child is encouraged to return to ordinary school for the later years of school life, providing he has sufficient vision to be able to take advantage of such teaching.

School Dental Service.

Mr. W. C. Parr, Principal School Dental Officer, reports :—

During the year it has been possible to conduct routine dental inspections at a rate which, roughly, will ensure that children are examined at approximately two-year intervals. These inspections were carried out solely for the purpose of determining which children were in need of treatment and no efforts were made to evaluate the relative dental fitness of the child. The

increasing incidence of dental decay in post-war years, which has been noted generally throughout the country, has been observed, and is very apparent in the large numbers of children of five and under who seek emergency treatment at the clinics.

This trend towards increasing dental decay has been statistically demonstrated on a national basis. It is felt that some further comment might be made in that personal observation inclines to the belief that there has been a change in the quality as well as in quantity. The rapid spreading type of caries would seem to be much more prevalent than a few years ago and the natural resistance of teeth to decay seems to have diminished.

In view of this we must consider ourselves fortunate in possessing the services of an oral hygienist. A large part of her time is devoted to the instruction of both parents and children in the need for, and the proper technique of, oral hygiene. The maintenance of a clean mouth is potentially the best safeguard of dental health, and its value should be kept in true perspective in relation to the more expensive and technical endeavours to obtain dental fitness. Difficulties are experienced in that patients assert that the high cost of brush and paste, etc., prohibit their purchase. During the year, 809 children, who made 1,651 attendances, were treated by the hygienist.

Greater incidence of rapid caries has tended to produce an increasing number of unsavable teeth, and it has been the policy in more and more cases to carry out symmetrical extractions for prophylactic reasons rather than attempt complicated conservations of doubtful value. In this respect first permanent molars, where excessive caries has revealed itself at an early stage, have been regarded as expendable in the hope of producing a dentition which will be efficient and yet sufficiently less caries prone as to be more easily maintained in good health.

At the onset of the year we were faced with large numbers of children who were awaiting orthodontic treatment. In an endeavour to meet this need, the various officers have been encouraged to carry out the simpler forms of orthodontic treatment themselves rather than have children waiting some time for treatment. The co-operation of Dr. A. J. Milne Gall, consultant orthodontist, was sought in this matter and freely given so that the advice of the consultants particularly in the matter of diagnosis and treatment planning is readily available. This has been of great value, particularly in those cases where it was considered that the wearing of a removable type of appliance would be sufficient to bring about the necessary correction of the malocclusion. In this way, the consultants have been enabled to give more attention to the more complicated cases and it has been possible to bring a great many more children under treatment during the year. The waiting list has been reduced and any child needing orthodontic treatment now has the prospect of reasonably early attention. Again, it has been the policy not to commence orthodontic treatment unless the parents have been seen and the position explained to them. Orthodontic treatment is carried out at an age when the mouth and jaws are developing and has to be considered in relationship with this, and consequently is at times a protracted business which demands the full co-operation of the parent and patient if it is to be a success.

Fewer patients have abandoned treatment than previously but there are regretably still a few cases to report where treatment has had to be abandoned through lack of interest on the part of the patient or parent.

During the year we lost the services of Mr. McCracken, whose work has been so valuable during the past few years and we wish him well in his new venture. In July, Mr. Powell was appointed to replace him. Our thanks are due to the Consultant Anæsthetists, Dr. O'Grady and Mr. Bradbury, for their splendid services during the year, and to Mr. Blakeney for whose co-operation we are most indebted. Further, we would wish to express our appreciation to the ready co-operation given by the teaching staffs of the schools.

Foot Health Service.

Mr. Franklin Charlesworth, F.Ch.S., Consultant Chiropodist, reports :—

The annual report this year is not based purely upon the year's clinical work and school surveys, but contains a series of conclusions arrived at as a result of a planned investigation during the year 1954, and supported by the findings of surveys and clinical experience covering the past nine years, and the examination of some 20,000 children.

Routine chiropody survey in school.

The consideration of the pronated foot and its relation to other defects is included, as is also reference to unseasonable footwear, and the therapeutic use of footwear.

The report also contains several other factors which may prove of interest to those charged with the care of children.

1. Minor Congenital Defects.

Whilst one derives much pleasure from the beauty and grace of the perfect foot of the child, it is not always realised that there is quite a percentage of children who are born with minor defects and as parents like to feel that their child is perfect, they are often unduly distressed when they observe some blemish in their otherwise perfect child.

The defects met with quite frequently in the feet of children are hallux valgus, minimi-digiti-quinti-varus (overlapping fifth toe) syndactilism (webbed toes) hallux varus, underlying or overlying and rotating of lesser toes, pronated feet and pes cavus.

Syndactilism, second and third toes.

It is reassuring, however, to know that a great majority of these do not themselves give rise to pain symptoms and interfere little, or not at all, with the stability and proper function of the foot. During the past year's survey a few cases of webbed toes were noticed. In nearly all of these cases the osseous structures appeared to be more or less normal, and in consequence there is no reason to anticipate any interference with the proper function of the foot by this minor abnormality. Minimi-digiti-quinti-varus is met with far more frequently than people would suppose.

Congenital overlying fifth toe.

" Budin " sling. A traction device in strip rubber, useful in mild cases of this deformity.

The little toe lies across the top of the other toes and on first sight one would be inclined to expect some inconvenience and pain symptoms. Experience has shown, however, that this is not so. Rarely is a child found to be inconvenienced with this defect and if pain symptoms do arise it is usually in adult life during the wearing of some extreme fashion footwear in the case of females. In the case of males a little extra care in shoe fitting is often all that is necessary to avoid trouble. In cases where pain symptoms are likely to, or actually do, develop a simple surgical operation quickly remedies the situation. Hallux varus is not so frequently encountered as in the case of the lesser toe defects except in mild degree.

Hallux Varus. (Note inflare of fore foot).

In the case of a very marked varus deviation of the toe, there is the problem of footwear to consider. In many of the cases a wide shoe on a natural form last is all that is necessary. In a small number of cases surgical interference is necessary if normal footwear is to be worn. This condition does not, however, seem to give rise to pain symptoms, provided the foot is properly accommodated. Pes cavus is a defect which is noted in varying degree.

Pes Cavus with retracted toes.

In the minor cases of cavus deformity there are no symptoms if care is taken with the choosing of footwear. The problem is that with the abnormally high arch, ordinary shoes fit rather tightly across the instep. The top

of the foot sometimes becomes irritated in the region of the internal cuneiform bone through excessive pressure. The cavus deformity frequently produces a prominence in this area which further aggravates the situation. A number of cases of cunieform bursitis were treated during the year. In the more severe cases the marked clawing of the toes is a further problem. Also the rigidity of the tarsus in the cavus deformity coupled with the clawing of the toes tends to interfere with the stability of the foot. This lack of flexibility robs the foot of its shock absorbing qualities in the process of walking, causing an unnecessary pounding on the heel and ball of the foot, ultimately inducing metatarsal pain and frequently a marginal callosity of the heel. A number of cases exhibiting these symptoms were referred to the orthopædic surgeon. This condition, however, only arises in the more severe cases and is best dealt with either by surgical interference or the fitting of bespoke footwear made on lasts modelled to the form of the foot. The lesser toe deformities do not, as a rule, give rise to serious symptoms. They are usually symptomless and can be easily corrected by proper splintage. The splinting of these toes is a simple matter and rarely gives rise to any inconvenience to the child. The improvement is usually very rapid and, therefore, very encouraging and reassuring to the parent.

From the above observations it can be deduced that only a small number of cases of these minor defects need be a source of worry to the parent. As a rule they can be assured and should be assured of these facts. These children are brought into the clinic and the parent invited to attend, a few minutes chat often removes anxiety from their minds and sends them away much more happy and reassured.

2. Congenital Pronated Feet.

In the past I have hesitated to distinguish between the congenital and acquired pronation, but observations during the past three years has led me to the conclusion that certain characteristics associated with some of the cases noted may be a clue to distinguish the congenital from the acquired. In some of the severe cases of pronation the osseous structures forming the inner malleolus appear to be particularly massive, and the inward bulge or swerve exceptionally marked. The feet do not only appear to pronate, but the feet are very flaccid and seem to flatten as well as pronate. These cases appear to resist any form of correction, either by remedial exercises, corrective appliances, footwear or wedges, yet they do not seem to incapacitate the child, and astonishingly enough in many cases they wear the shoes perfectly level. As the results of my observations of these cases, I would suggest that they may be the typical congenital pronated feet as distinct from the acquired mobile pronation.

3. Unseasonable Footwear.

Of recent years it has become very obvious that large numbers of children are habitually wearing unseasonable footwear. During the past year, some children were wearing wellingtons. The texture of the material from which this type of footwear is made does not permit the absorption of the excretions from the feet, which contain much toxic matter, and waste products from the body. Instead of being absorbed, these condense and remain in contact with the skin, causing it to be moist and soggy. The heat is also retained and, therefore, this hot and humid condition leaves the skin unhealthy and devitalised. The dust and dirt accumulating in the footwear contains pathogenic organisms (disease creating) which are much more readily absorbed by the

skin in its unhealthy state. The tissue in its soft and tender condition does not provide the protection which nature intended. It easily becomes abraded and tender areas and blisters quickly arise. This soft flexible form of footwear does not offer adequate support to the feet.

Another form of unseasonable footwear are plimsoles, worn in the winter. It is amazing the number of children who wear this light flimsy form of footwear in the depth of winter. The thin canvas uppers offers no protection from the wet and cold, whilst the dirt and filth of the roads are quickly absorbed through them. The damp and chilled condition of the children's feet, wearing footwear of this type in winter, is bound to lower the general vitality of the child and reduce its resistance to disease. This practise of wearing footwear of the types mentioned out of season is to be seriously deprecated and every effort should be made to remedy this situation.

Another factor arising out of this is that in the case of both wellingtons and plimsoles a very high percentage of the children are found to be wearing them many sizes too small, two and three sizes less than the proper shoe size is quite common. The reason for this, of course, may be that this form of footwear lasts for more than one season. The child is wearing footwear originally purchased when the feet were much smaller.

Light leather sandals are another form of unseasonable footwear being worn through the depth of winter. These are, on the whole, little better than plimsoles as a means of keeping the feet warm, dry and protected. These, like the wellingtons and plimsoles, are found in many cases two and three sizes too small. In this case, the reason is different. It is usually that this type of footwear is made very wide and, therefore, shoes of the proper length are much too roomy and allow the foot to slip about. When a pair is obtained that fits snugly around the feet, they are correspondingly too short. This particularly applies to girls where the long slender foot is common.

It is interesting to note that of the 3,619 children examined, 46·8% were wearing shoes that were too short, and 22·2% were at least two sizes too small. A large proportion of the latter were found to be wearing wellingtons, plimsoles and sandals.

4. Tinea Pedis and Plimsoles.

Reference has already been made to the use of plimsoles in unseasonable weather but the relationship of tinea pedis and plimsoles, which has been dealt with in a previous report, has been more than confirmed during the past year, and, therefore, deserves a further mention.

Several further cases of severe tineal infection have attended for treatment and in some cases there was ample proof of the wearing of an unhygienic form of foot covering and the feet of the children concerned were in a filthy condition. There was also distinct indications of abrasion of the skin as a result of the presence of gritty dirt in the footwear. In treating these cases with Castellani's Fuchsin Paint, excellent results have been obtained in the milder infections by twice weekly applications. In the severe cases, daily treatment was resorted to. It was found, however, that as a result of this intensification of treatment a toxic reaction in the form of a skin rash resulted, which occurred in areas away from the site of application, and it was, therefore, necessary to readjust the treatment in the light of this experience. There is no doubt, however, that Castellani's Fuchsin Paint is a very successful medicament for treatment of tineal infections.

5. Relationship Between Genu Valgum, Mobile Acquired Pronated Feet and Hallux Valgus.

It has been our experience that most children have a genu valgum tendency as a result of deficient muscle toneness through the development period. I have noted this consistently in relation to mild degrees of pronation and I have come to the conclusion that there is a direct tie between these two factors, namely, that the malthrust arising from the genu valgum defect results in the pronation.

Genu Valgum. (Note a degree of pronation).

Hallux valgus may well be a further defect in this chain of reactions, arising as a result of a valgus deviation of the foot in standing and walking, which is invariably associated with long arch weakness. Normally the push-off in the process of walking occurs on the plantar aspect of the great toe, but when the foot is splayed outward, a thrust occurs on the medial border causing a valgus deviation of the great toe, thus completing the chain of reactions associating these three conditions.

Hallux Valgus. (Note thrust on medial border of great toe).

It has previously been reported by orthopædic consultants that mild genu valgum, so commonly encountered in young children, is self-correcting as muscle toneness develops. Therefore, there is every reason to assume that

as this correction takes place the absence of malthrust associated with it, along with the improvement in the muscle tone, can be expected to result in the correction of the pronation. This process might well be expected to include the correction of the hallux valgus but, unfortunately, there are at least two factors which militate against this, namely, footwear and hose. It is, therefore, regretted that self-correction of the hallux valgus is not in evidence.

The majority of these are minor cases and are symptomless and do not warrant any form of treatment except to check the footwear and hose and advise when unsuitable. In the more severe cases, which give rise to such clinical features as pain or severe treading over of the footwear, treatment is indicated which may take the form of orthopædic footwear, " Thomas " heels, flair heels and reinforced stiffeners, etc., or the fitting of corrective insoles. Remedial exercises also play their part in the treatment of such cases. The problem here is the long period of time which elapses before any appreciable result is noted by the parent. They are, in consequence, apt to get weary and disheartened unless special efforts are made to retain their interest. The internal or external wedging of footwear often brings spectacular results in the wear of shoes. There are many instances where shoes previously trodden right over in a matter of a few days, causing the shoes to be useless in the course of only three or four weeks, have been fitted with wedges and have resulted in the patient's shoes wearing perfectly straight. Whilst this does not mean that a correction of the foot has been achieved, this is still going to take many months and probably years, it does mean that the child's feet have been stabilised and one can hope for a marked improvement in posture and gait and that the parent is going to be saved a great deal of money in shoe repairing and their frequent replacement.

The psychological effect of this obviously improved state of affairs assists considerably in inducing the parent to co-operate in the long-term treatment policy.

6. The Therapeutic Use of Footwear.

Footwear can play a very important part in the prevention of defects and also in the correction of many minor ones. In the former case much can be done by appropriate literature. There are a number of suitable pamphlets available for this purpose published by the Shoe and Leather Research Association and the Foot Health Bureau.

I would, however, like to mention certain features in footwear which play an important part in protecting, supporting and stabilising the immature feet of children. First, there is no doubt that leather is the most suitable material for use in the manufacture of footwear. Good leather will keep out the wet under reasonable conditions. It is porous to a degree and will absorb the harmful excretions from the feet. Leather is supple and will give to the movements of the toes and quickly adapts itself to the varying contours. The waist of the shoes should be rigid and strong, whilst the soles should be flexible and hinging freely at the metatarso-phalangeal joints. Lace shoes are preferable and the lacing being so designed as to hold the foot firmly back into the heel of the shoe. Slipper type shoes are most unsuitable as they allow the feet to slide forward, crowding the toes. The heel stiffeners should be strong. This assists in holding the heels upright, resisting valgus deviation associated with pronation. The toe box of the shoe should be of sufficient depth to allow freedom of movement and prevent pressure. It should also be strongly blocked to shield the toes from harmful knocks, etc.

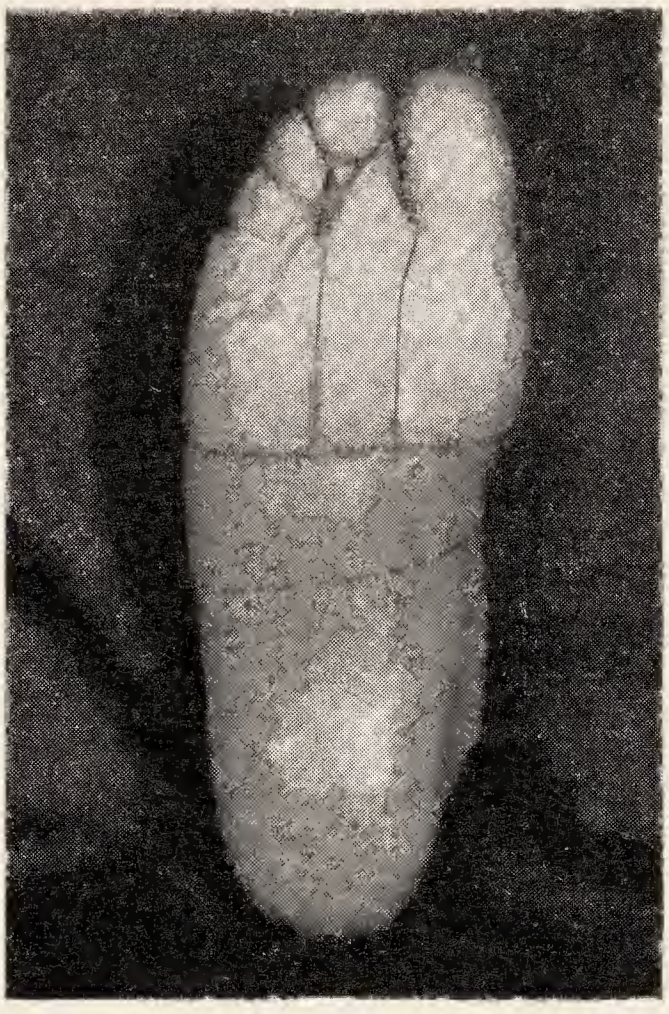
All these factors are carefully explained to parents when they attend the clinics with their children and thus armed with appropriate pamphlets and personal advice we hope that we have set them on the road to retaining or achieving healthy feet.

It is important that the fit should be correct and therefore I will risk repeating myself by stating that the shoes should be two sizes over the foot size when a standard size stick is used. This is necessary to allow adequate toe clearance and should be provided for in the lasts when shoes are made. The correct width is also an equally important factor which is frequently overlooked. Feet are not all the same width. There are different types of feet just as there are different types of people. There is a short broad foot with a square toe line and the long narrow foot with a sharp receding toe line. It is obvious that these two distinctly different types of feet cannot be fitted in a shoe of the same width. The long, narrow foot needs a narrow shoe, otherwise there will be much spare material in the upper if the correct size is fitted. It is in such cases that a parent is tempted to buy a size less in order to get a closer fit to the foot. The result of this, of course, will be that the shoes will be short. If the narrow fitting shoe is used in this case it is possible to get the correct fit in length and also in width. The reverse process naturally applies to the short, broad foot. If all these factors are carefully noted and acted upon when shoes are fitted to the perfect foot, one can reasonably expect that the foot will remain sound and healthy and will not be deformed by ill-fitting footwear. Incidentally, hosiery should be equally as carefully fitted. There should be an inch of spare material at the toes of the stockings when worn. This allows for the creeping back which occurs when the shoes are being pulled on.

Shoes can also be modified for the treatment of defective feet and by the use of appropriate surgical alterations a great deal can be done to stabilise and correct them. For instance, in the treatment of pronated feet the medial extension of the heel (" Thomas " heel) is often carried out, usually in accompaniment with medial wedging. Another form of surgical alteration in the treatment of this condition is contra-lateral wedging, i.e., a medial heel wedge and a lateral sole wedge. The object being to invert the heel and evert the forefoot, thus producing a correction. The buttressing of heels is often carried out, frequently in association with other corrections to assist in countering lateral thrust and preventing the shoes being trodden over. This alteration assists greatly in stabilising the foot. In fact some children's good shoes are made today with an all-round flare. Medial toe wedging is frequently used to counter intoeing when walking. These are, of course, simple surgical alterations but many more extensive ones are carried out where gross deformities arise. Surgical alterations were carried out through the medium of the Orthopædic Department, the cases being referred to the orthopædic consultant.

Simple Corrective Devices.

Whilst corrective strapping and splinting with felt and plaster in the initial stages produces excellent results we feel that when the necessary progress has been made simple replaceable devices which can be removed and washed are advisable. There are many such simple appliances, inexpensive and easy to make which can be used for this purpose. Replaceable toe props made from surgical sponge rubber with the strip rubber toe loop is one example. Hallux valgus traction sling, again made from strip rubber, is another excellent device.



Traction sling for correcting overlying second toe. Made from strips of Latex rubber sheeting. A very effective device.

Hallux Valgus traction sling made from Latex rubber sheeting, to exert corrective tension on the great toe.

There are many other appliances all of which are fitted as soon as we feel the time is appropriate, thus long-term treatment is carried out with little inconvenience to the parent or child, aiming at a definite cure of the defect as an end result to our efforts. We are pleased to report that we have achieved this in many cases of simple deformities of the toes.

(*Acknowledgments to "Chiropodial Orthopaedics," E. and S. Livingstone, Edinburgh, and "Chiropody Theory and Practice," Actinic Press, London, for use of blocks*).

Speech Therapy.

We have noticed some interesting points about the children referred through the school health service this year. There has been a noticeable increase in the number sent to us by the Ear, Nose and Throat Department, including several cases of speech retardation after tonsil operation and some cases of tone-deafness (one interesting case is mentioned below of vowel distortion). The Ear, Nose and Throat Department are availing themselves of the opportunity of sending the children for post-operative remedial treatment to clear up more quickly a speech condition which would perhaps, after several months, normalise itself (even without treatment).

There have been fewer cases of severe stammering and we hope the many talks that have been given to our health department staff and to parent/teacher associations, etc., are beginning to reap benefits. We know of many mothers who are now asking the clinic doctors, nurses and health visitors for timely advice on their children's speech.

More cases have been referred, however, with combined *stammering* and *speech defect*. The stammering in most of these cases is not severe and may be secondary to the other. In the main we have corrected the defective sounds (' f ' for ' k,' ' w ' for ' l,' ' y ' for ' r,' ' p ' for ' f,' etc.), and found the stammering (repeating and hesitating) cleared up imperceptibly at the same time.

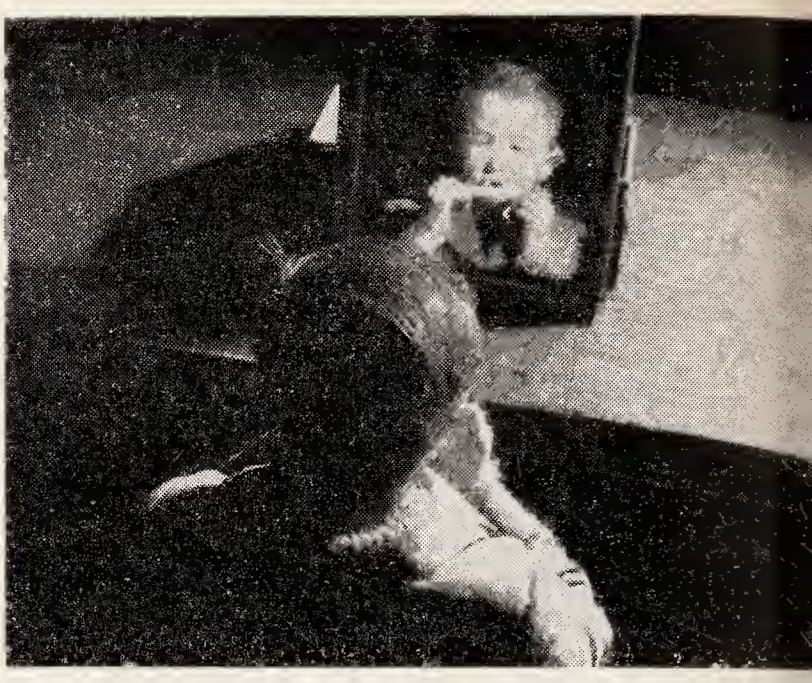
We are pleased to report on the progress of the Spastic class at Cleveland House and our thanks are due to their teacher for her help and co-operation over the years. She seems to have an unlimited capacity to carry out the day-to-day speech work with the children and bring their exercises into her classwork. After many, many months of struggling, one girl in the class who could not produce any sounds intelligibly now makes a fair attempt (though laboured) at ' f ' and ' s.' We were able to make ' f ' by getting her to blow bubbles through the sides of her lips while biting down on her lower lip with her teeth for ' f.' Previously this was a nasal snort and it was, and is still, a great effort for her to direct the air through her mouth.

The teacher was able to bring phonetics into her reading lessons to help the child and boost her confidence for the girl was able to say the sound when the written symbol was presented to her on the blackboard. It was impossible to make more than an attempt at words with ' f ' and we thought it worthwhile to try other sounds before tackling speech words. Her ' s ' sound is not the usual hissing sound but a very adequate substitution. Following on these two sounds we attempted ' b ' fairly successfully by popping a saliva bubble between her lips.

With many of these cases we can only hope to approximate to normality. The children have to exercise a *continual control* over their every activity and over their speech, and we will consider that we have achieved our aim if the control exercised by them is so continual that their movements, including those for speech, become automatic. This is our ambition.

Some rather curious and unusual cases of speech *abnormality* have been referred recently. One, concerns a boy of seven years who appeared to have tone deafness : he could utter all the consonant sounds correctly but nearly every vowel sound was represented by " a " (as in " bad.") He would talk about " ma pant bax " (my paint box). Yet there was no deafness in the ordinary sense. In the early stages of practice, he sat before a mirror to get the correct lip and tongue placement for the vowel sounds. Later, his ear, having become more critical, he was asked to stand and really " speak out " across the room whilst reciting exercises and short rhymes. Now, after several months of practice, ear-training has sufficiently advanced to enable him to correct with ease all his faulty vowel sounds, but he needs to be constantly on the alert whilst speaking.

Another boy, aged seven, who was a premature (seven-month) baby, and an only child, had very muffled and woolly speech, owing to his habit of allowing almost complete lip closure on nearly every consonant sound. After a good deal of corrective practice his speech is now much clearer, the improvement being particularly noticeable on " t " and " d " : previously these sounds had been quite unrecognisable. During practice, a prop was placed between the lips to keep them apart and to make the child aware of what was required. The prop was dispensed with, however, as soon as natural movement had been established. The boy is now practising hard to obtain a good " sh " sound ; and again, it has been found necessary to contrive some means to stop muffling : a spatula, held lengthwise across the lower lip, is proving useful.



Child is holding spatula against lower lip to keep it down while articulating "sh."

This tendency to muffling is probably aggravated by the child having an unusually small mouth. His mother reports that he had difficulty in sucking as a baby, but the musculature appears normal.

A third child, aged six, was substituting "s" for "f": he would say "sor" and "sork" ("for" and "fork.") There were other faulty sounds also: "y" for "l," and "w" for "r." We tackled "f" first: and at that time the child was very timid, so that even when he had learnt to make a correct "f" he hardly dared utter it. A factor which came to light was his elder sister, who, it seems, had been "mothering" him to such an extent that the child was nearly suffocated. Clearly, this over-affection was arresting his speech progress and sapping his confidence. Their mother, on being warned, was at once on the alert to check this danger. The boy has since begun to assert himself, and the speech peculiarities are well on the way out—"f" and "l" are now being said normally at all times. At present, he is practising "r"—the last sound needing correction. He had been substituting "v" for "r" (upper front teeth touching lower lip); in order to break this habit he was asked to place his first fingers at the corners of his mouth to send his lips forward a little; and is gradually working towards unassisted movement, the tongue meanwhile being curled well back.

Child placed first fingers at corners of lips to get a forward movement and so assist correct "r" sound. Formerly, he had been substituting "v."

Two other boys who were admitted recently, show an unusual speech difficulty of a similar nature. One is eight years old and the other six. The trouble appears to have a psychological basis in each case. Unfortunately, the eight-year-old ceased to attend the speech clinic fairly soon after admission. He was brought by his mother, but attendances were very erratic from the start. The speech difficulty takes the form of an inability (apparently through fear) to utter aloud certain initial consonants, and to join that consonant to the following vowel ; " b," for example, can only be whispered, and a word like " boat " is heard either as " b (pause) oat," or, if the child feels he is being pressed as " oat "—the " b " being omitted entirely. Similarly, " tea-time " becomes " t-ea-t-time " or " ea-ime." Both children have uttered normally, once or twice, words in which the difficult consonants have appeared initially, but only when unaware of the fact, and have sometimes been tricked into doing so. Once on their guard, however, they " dig in " firmly behind their speech abnormality. It has seemed wisest not to press the matter, but to work on general lines: saying rhymes and jingles and looking at picture books and other objects of interest, to stimulate self-forgetfulness and build up confidence, accepting the speech as it is for the time being. The nearest approach to direct practice with the six-year-old has been puffing at cut-out paper objects, while attempting a vigorous " b," " baa " or " boo." This puffing (whatever the result) has helped to break down some of the inhibition. To " have a shot at it " is the immediate aim.

Child is puffing at a cut-out paper ball picture, and succeeds in sending it into the air.

The child is asked his opinion about objects and pictures where opportunity occurs, and is now showing more readiness to answer, also more initiative and determination. Hitherto, he would sit silently smiling, quietly resisting all efforts to get him to co-operate.

The photograph shows some of the children practising palate exercises. The boy (left) is blowing coloured cones across the table. The cones fit one into another so as to make the object heavier with each new cone added. This is a valuable exercise for cleft palate speakers where the palate is short or weak—and equally valuable for children with poor palate function (where the palate is structurally perfect).

The girl (centre) is blowing bubbles in a cup of water—for breath control mainly and it helps to direct the air stream (and therefore the sounds) through the mouth in cases where children are inclined to nasal speech.

The girl (right) is at present undergoing secondary operations on her lip and palate. She has a redundant lower lip, a tight upper lip and a flattened nose tip features typical of the cleft palate patient. Her upper lip is being built out and the scar removed, as far as possible, her lower lip is being brought in slightly and her nose " tidied up." She is seen here with a gadget which has two platforms, one placed under the nose and one under the mouth. Feathers are placed on each platform and as she blows out through her mouth the feathers are blown off the lower platform but should remain on the upper one. Should any feathers come off the upper platform this indicates that air is escaping through the nose because the palate is failing to close the passage to the nose adequately.

On the whole, attendance at the speech clinic centres has been satisfactory this year, although during the latter months there has been a lot of absenteeism through illness.

At the Regent Street Centre re-painting throughout the premises has greatly cheered the hitherto sombre aspect of an old building, and the addition of gay cretonne curtains at the windows of the treatment room give a warm and homely touch. The children and their parents have been quick to notice and appreciate these various improvements.

Orthopædic Clinic.

The orthopædic clinic has been attended each week during the year by Mr. D. D. Cranna, F.R.C.S.

Some of the children may have to attend for many years and it is a big advantage to have the Superintendent Physiotherapist in attendance at each clinic. She is able to give valuable information to the Orthopædic Surgeon, especially with regard to the educational facilities available, family circumstances, and local conditions. Her knowledge of the children's development is invaluable.

There has been no noticeable increase in the number of victims of anterior poliomyelitis or cerebral palsy, and it is gratifying to note that only six children are in attendance at residential special schools. Indeed, it is our policy to advise all parents of handicapped children that the best way they can help the child is by giving as much love and encouragement in the family surroundings as is possible.

We hope that a wing at Claremont Open-Air School for the physically handicapped child, will enable us to reduce the number of children who are in residential special schools.

Child Guidance Clinic.

Work at the Child Guidance Clinic, of helping children to overcome their emotional difficulties, has gone on steadily during the past year.

Children are not born with an instinctive knowledge of the kind of behaviour that is expected by society. They learn it by the reaction of the parents to themselves, which varies according to the behaviour of the child. The child's behaviour is rewarded by greater affection or punished by temporary withdrawal of love, so that his emotional development depends in the first place on the relationship between parents and child.

When for any reason this relationship is disturbed various symptoms of maladjustment appear, *e.g.*, enuresis, tics, stammering, aggressiveness, excessive shyness, nightmares or stealing. Such cases are frequently referred to the Child Guidance Clinic by the School Medical Officer, Teachers, Probation Officers and other agencies interested in the welfare of the child.

It has been suggested that the need is for parent guidance and not necessarily child guidance. Whilst sometimes it is sufficient to advise a parent in the handling of the child, in the majority of cases the pattern of behaviour has become established by the time the child has reached school age, and without treatment he remains disturbed even if his background changes. It is therefore necessary to help both the child and the parents to overcome their mutual difficulties.

The clinic has, as usual, been visited by people working in allied fields or training to do so, *e.g.*, teachers, nurses and social workers. Manchester University Mental Health Course again sent some students to do part of their training at the clinic.

Special Class for Partially Deaf Children.

One of the main functions in this section of education is the building up of a working vocabulary. This is slow work, as each new word must be learned and understood as a separate unit before it can be included in the day-to-day usage of speech. As the child grows, so must the words suitable to his age be included ; even when he is proficient in lip-reading, slow, patient building up of this word list must go on day by day and year by year if he is to be fluent. Children who have been in the class two and three years, and have assimilated language by this method, show marked improvement in their social outlook. Although this produces better results in general, it slows down the intake of hard of hearing children so that there is now a growing waiting list of the lower age groups (6 to 9 years). This is unfortunate as it includes the most formative years for good speech and language habits.

This year, owing to a more even distribution of ages (11 to 15) it has been possible to again adopt more formal methods of class teaching, and the children have made good progress. Three have returned to normal school. Of the others, one is learning to be a butcher and one is starting work as a clothing machinist.

The established activities of Easter, summer outing, Harvest Festival and Christmas Nativity Play have been carried out as in previous years. The children visited Birkdale, where they collected sheaves of sea grass to be used at Harvest, the offerings from this festival being distributed in the wards of Salford Royal Hospital, following a short service in the classroom. The Nativity Play, based on the story of Good King Wenceslaus and culminating in the Nativity Tableau, was seen and appreciated by 150 children and teachers from the infant and other departments of Regent Road School in five successive performances. The players undertook their parts with great dignity and sincerity, proving to themselves and others their ability to compete with normal children in this difficult art.

Two children have joined the class, and it is gratifying to notice how, after a very cautious start, they have entered into the family atmosphere surrounding them. The helping hand extended by the other handicapped members of the class is a noticeable feature of the system, and youngsters leave at the end of their tuition period with mixed feelings. Some return to " look in " when possible and will enquire with the proprietory air of one who has had something to do with it : " Can so and so read library books or do fractions yet ? "

In this special class the accent is still on the regaining of confidence, self-help and personal achievement. The reason given by " Y," who is nearly completely deaf, for not wearing an hearing aid out of school is that she wants to appear normal, and relies on lip-reading alone for her communication. Her wish to be accepted as normal permeates all her work and augurs well for her when she leaves school in two years' time. As for the other children, once they have made the discovery that they are not backward but only retarded, the majority like nothing better than class tests, and strive mightily to acquire an "A" mark for endeavour.

Although hearing aids continue to improve and become more and more sensitive, they are useless without the right attitude of mind. " There are none so deaf as those who do not wish to hear," is an apt summary of the need for special care of the partially deaf.

Claremont Open-Air School.

The past year has been very happy though uneventful, but the weather has been far from ideal for open-air schools, and few lessons could be taken outside. Apart from this the children seem to have enjoyed themselves. They eat well and their appetites are sharpened by well-cooked meals being attractively served. New crockery has been supplied and it is hoped that table runners and gay curtains may soon be purchased.

A comfortable rest period is proving extremely beneficial to the children and, in addition, more are availing themselves of the washing and shower facilities, particularly those who live in homes where there is no hot water supply and no bath. The social training is very valuable and parents are co-operative in this matter.

The medical side of the school continues to flourish. There is a minor ailments clinic daily, remedial treatment is given on four days a week, and a fifteen-minute period is devoted to inhaling for each bronchiectasis child. Most children are given medicine of one kind or another.

Progress in school work is good despite the unavoidable interruption for medical treatment. The 11 to 15 group of boys is small, but those who are in it are usually reluctant to leave because the standard of work and activities compares favourably with other schools.

The school pets continue to provide a pleasant interest for the children and this year they have an added interest by the school's adoption of a ship. The children are learning a good deal from this contact with the ship and a spirit of comradeship is being fostered.

The school's " Open Days," Harvest and Christmas festivities have been well attended by parents who, undeterred by bad weather, continue to give support and encouragement.

Barr Hill Open-Air School.

This year has not brought any important changes. Conditions are much the same but weather conditions have somewhat curtailed lessons in the open.

Every advantage is taken of finer days, however, and desks and chairs are moved outside and, if necessary, heads and eyes are protected by the wearing of paper hats.

Attendances have been up to normal in spite of the adverse weather, although in the last few days of the year some children were affected by the prevalent influenza.

The two classes for children under $10\frac{1}{2}$ years of age have been over-full, but the class for $10\frac{1}{2}$ to 15 years has rarely exceeded 30.

Hope Hospital School.

This has been a rather uneventful year. Although we have had more children admitted to the hospital school than in previous years, most of them have stayed for only short periods. The children's wards have all been fairly full throughout the year with the exception of a few weeks in the late summer. The greater number of admissions this year has been in the infant and junior age groups. Apart from several orthopædic cases, who have been in hospital for up to two years, there have been few long-term patients.

The almost continuous bad weather allowed few opportunities for putting beds out of doors, but the children were taken into the garden whenever possible, especially those young children who are long-term patients. They had frequent outings in the invalid carriage.

All the children's wards are equipped with television and full use is made of this on all suitable occasions. The Queen's tour of Australia was followed with keen interest. Much wider use is being made of the children's library—a service particularly appreciated by the older children—and an attractive collection of story books is being built up for the younger ones.

Christmas time usually brings its own special round of entertainment but, unfortunately, this had all to be cancelled because of an epidemic of measles.

Spastic Class.

Here again the inclement weather had an adverse effect by restricting the activities of the partially mobile children, thus retarding physical progress.

At the beginning of the year the class consisted of five girls and seven boys, but two girls have been transferred—one to a primary school and the other to an open-air school—and have been replaced by two boys, resulting in a preponderance of boys. Ages range between five and thirteen years.

Home Teaching.

There were five pupils on the roll at the commencement of this year, all of whom had recived home tuition for at least twelve months, and were making good progress. A.B. entered hospital for a major operation in January and was visited there by the Home Teacher, who kept up her interest in school subjects. Since leaving hospital this girl has taken up work in a factory and is happily settled. C.D., suffering from chronic heart disease, was ordered a complete rest for a period of six months but resumed half-day Home Teaching in September, although he was still a very sick pupil. Unfortunately, his condition gradually deteriorated and he died quite suddenly on the 15th November.

In February, E.F., a former pupil, resumed Home Teaching after spending two years in a residential school. He has made good progress, and with the aid of a walking-chair, is fairly mobile. In November he had further operative treatment in Hope Hospital, and has just been discharged. In January next he will resume home tuition.

Two new pupils this year are G.H., aged $5\frac{1}{2}$ years, and I.K., aged $9\frac{1}{2}$ years, and in each case the parents are very co-operative. These boys are making satisfactory educational progress according to their ability.

All the pupils, excepting Y.Z., are helped a good deal by parents, but Y.Z.'s interest fluctuates and his progress is not maintained. The Home Teacher is concerned about the boy's indifferent attitude, and at times it seems that her efforts are wasted on this pupil. It is hoped that he will exert himself more in the New Year and make better progress.

Broomedge School.

There were 56 children in the school at the beginning of the year, and 50 at the end. Attendance has rarely fallen below 90% and truancy is non-existent. The mobile clinic visits the school each day and the health of the pupils generally is very good indeed. All children stay for the mid-day meal.

There are three classes, and a staff of three teachers and the headmistress. During this year there were two changes of staff, one teacher leaving to take a headship with another authority and the other having leave of absence to take a University course.

During the year, 16 children left to go to secondary modern schools at the age of 11. Of these, 14 had reading ages of between 7 and 10 years. Another child was transferred in October, although only just 11, having an I.Q. of 80 and a reading age of over 10. Yet another child, committed to the care of the authority, was reading well when he left to go to a residential school. All were non-readers when admitted. Results have tended to show that where a child has an I.Q. of 70 or even lower, and there is no marked emotional instability, if confidence is built up he may be taught to read and write simple English. Work is kept within the range of the children to give them confidence and encouragement, and relates to concrete things, *e.g.*, the school shop, handling of money, and the measuring out of food for the school pets. Reading is taught by the sentence method followed by the phonic method when the child is ready. Success in handicraft, and neatness of work and person, are encouraged.

A visit to Belle Vue and a Christmas party have been held this year.

There is no formal parent-teacher association, but it is found that all parents are as co-operative as it is in their power to be.

Physiotherapy Service.

The physiotherapy department has continued to make steady progress during the year.

Artificial Sunlight Clinics.

These are held twice weekly at four clinics and at one special school. The inauguration of a three-monthly servicing of the apparatus has much improved the efficiency of the artificial sunlight lamps and cancellation of treatments, due to failure of the lamps, rarely occurs at clinics. After completing a course of sunlight treatment the children are invited for examination by the school medical officer. They are weighed before attending the doctor, their progress discussed with the mothers and further treatment ordered if required. It is interesting to note that children who have psoriasis seem to be less troubled by outbreaks whilst having artificial sunlight.

Remedial Treatment Clinics.

Treatment clinics are held at five centres. The importance of early recognition and treatment of minor orthopædic defects is now generally realised and twice weekly classes are held at the clinics for foot and leg defects, postural defects and education in the correct use of handkerchiefs and breathing exercises. All children who have had tonsil and adenoid operations at Hope Hospital are invited for a course of re-education in correct breathing methods and are given leaflets of exercises to practice at home. In spite of every encouragement and emphasis on the benefit of these exercises, given by ear, nose and throat specialists, school medical officers and health visitors, only about 50% of the post-operative children take advantage of these classes.

Fortunately, there was no poliomyelitis epidemic during this year, but a number of children affected in previous years still require individual treatment and supervision of calipers and braces. Individual cases of cerebral palsy are treated at the clinics if they are sufficiently mobile to attend ordinary schools.

Special Schools.

Cleveland Special Class.

Although the staffing position remains inadequate it is possible for a physiotherapist to attend the school one morning or afternoon session each day. As the school numbers remain at twelve this means that each individual child has an average of three treatments a week, which seems a very fair amount of physiotherapy, considering the needs of the rest of the child community, whilst the present number of physiotherapists remains the same.

It is disappointing that no progress has been made with swimming pool therapy for the children which would be beneficial. Last summer, one parent made arrangements for his child to attend the municipal swimming baths and this child appeared to benefit both physically and mentally.

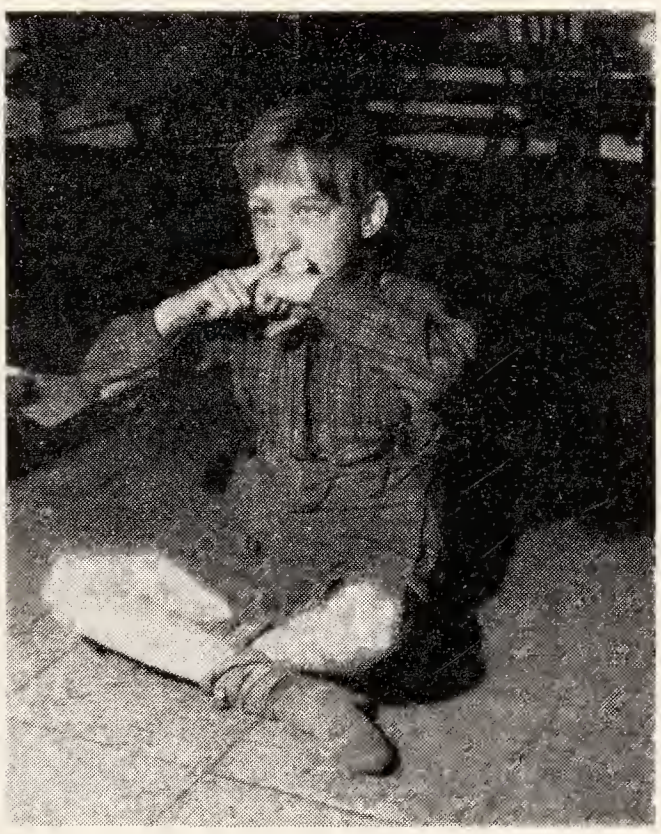
Claremont Open-Air School.

Owing to the lack of other accommodation in Salford the most mobile of the physically handicapped children attend this school. As a result, the room provided for medical and physiotherapy treatment has become totally inadequate in size. The heating of the school is thermostatically controlled. A temperature which is perfectly adequate for delicate children in a classroom is far too low for children sitting undressed for twenty minutes under an artificial sunlight lamp. It is felt that the medical room should have a higher temperature than an ordinary classroom.

The treatment of chest conditions has progressed during the year. The purchase of an aerosol machine has led to a marked improvement in some cases of bronchiectasis. That the children themselves appreciate their improvement is shown by the fact that they beg for their turn on the aerosol. Unfortunately, with only one machine it is impossible for every child who would benefit to have treatment. With an average of seventeen children requiring postural drainage the smallness of the room, and the fact that there are only four drainage frames, makes it impossible for every child to have adequate treatment in the time available, though two physiotherapists spend the equivalent of eight sessions per week at the school.

(a)

(b)



(c)

The three stages in the treatment of bronchiectasis.
(a) Aerosol machine—inhalation to loosen mucous.
(b) Postural drainage—expectoration of mucous.
(c) Breathing exercises—to expand lungs.

Classes for Asthma Exercises.

These are held four times weekly and when combined with fresh air and rest these children make obvious progress. Some children have been allowed to discontinue their exercises whilst still attending the school, but that regular exercises, designed especially for asthma treatment conditions, are necessary is shown by the fact that three of the children had increased asthma attacks during the time they were not doing exercises. Since the exercises were re-started the attacks have again diminished.

Severely Handicapped Children.

The severely handicapped children attending Claremont, for example a child wearing two calipers, have settled down well into the life of the school. They appear very happy there and do not seem to find walking along the school corridors unduly tiring. The physical effort required has improved the children's powers of locomotion and the companionship of the other children has greatly increased the emotional stability and happiness of them all.

It is unfortunate there are still a small number of children who would greatly benefit from school life but so far it has not been found possible to incorporate them into the life of the school.

Barr Hill Open-Air School.

The lack of accommodation remains as in previous years but an attempt is made to provide breathing exercises and treatment of minor orthopædic defects by twice weekly visits of a physiotherapist.

Specialist Clinic.

The orthopædic surgeon holds weekly sessions at the Regent Road Clinic and once a term at the Cleveland Special Class. It would be an advantage if a session could be held once a term at Claremont but so far co-operation of the educational side has not been obtained.

An orthopædic technician also attends for the measurement of splints and advice on problems of footwear. Shoes for alteration are returned in one week ; calipers usually take two weeks for the making of new ones. Urgent repairs are often accomplished in one day which is very satisfactory considering the complaints which are usually made about delays occurring in the running of the National Health Service.

In closing, may I express my appreciation of the physiotherapy staff who have not only worked hard during clinic sessions but have given up their own leisure to help in outings for handicapped children.

Report of the Organisers of Physical Education.

The year has been one of quiet but steady progress, with particular attention being paid to the development of the work in infant and junior departments on the lines envisaged in the Ministry of Education new syllabus of physical education for children of this age group. The importance of the physical activity period, with its aims of developing normal health, growth and poise, to ensure enjoyment and as a challenge to skill in performance in gymnastics, games and athletics has been stressed on all occasions. The many sided activities which comprise physical education are reviewed under the following headings :—

(*a*) Physical training session (including clothing and equipment).
(*b*) Organised games (both in and out of school hours).
(*c*) Swimming.
(*d*) Work in youth clubs and under further education.

(*a*) Physical Training Session.

Regular physical training lessons are taken in all schools. The attitude toward changing continues to improve slowly, and there is now a considerable percentage of schools where most of the top garments are removed for this lesson. Prejudice still persists in some areas and in certain schools the changing is poor, although fortunately these are in a minority.

The Education Committee made an allocation of 3,500 pairs of plimsolls for distribution to the schools and this earned the appreciation of the teaching staff and materially assists the work.

The supply of small apparatus (balls, play bats, hoops, skipping ropes, skittles, etc.) has been maintained and some large portable apparatus has been put into eight more departments.

Various problems still continue to hamper the full development of the subject. In the main these are as follows :—

(1) The difficulty of providing large apparatus (both fixed and portable) in all types of schools, stressed in previous reports, still remains, since it has not been found possible to make extra financial provision for this purpose during the current year.

(2) The lack of suitable indoor facilities in many schools.

(3) The large number of children still in unreorganised schools.

(4) The movement of teachers out of the area which gives an instability to staffing and interferes with the progression and continuity of the work.

(5) The training of teachers (particularly for the senior age groups) which envisages an area with all schools reorganised. These teachers are trained to specialise in one or two subjects and, unless particularly interested, they are not given any basic training or knowledge of physical education. In an area such as Salford, it is inevitable that some of these teachers should be sent to unreorganised all-standard schools where they are expected to take their share of the work in physical education, and when this happens it almost certainly follows that the standard of work drops. This is particularly marked on the girls' side. In time, as the schools become reorganised, it will correct itself, but in the meantime it is having its effect on the work. Teachers continue to show their interest in physical education by attending refresher courses and many have done so during the past twelve months.

(*b*) Organised Games. (i) During school hours.
(ii) Out of school hours.

(i) *During school hours.*

There has been no increase in facilities during the twelve months under review. It was hoped that the Stott Lane and Northumberland Street sites would have been available towards the latter end of 1954, but these grounds will not be ready until 1955.

The unsettled weather throughout the whole year has affected the attendances at both winter and summer games, and the question of suitable clothing and footwear, under these conditions, has been a problem.

The standard of performance in inter-school matches and athletic events shows improvement, and more schools promoted their own athletic meetings during the summer months. More attention is being focused on the development of individual skills in the major team games, and this reflects credit on the teachers concerned.

(ii) *Out-of-school physical activities.*

There has been no slackening in the activities arranged by the Committees of the various Associations, which cover Football (Association and Rugby), Netball, Cricket, Rounders, Athletics and Swimming. Full and interesting programmes have been carried out, week by week, throughout both winter and summer, to the great enjoyment and benefit of large numbers of Salford schoolchildren. Each Association, through its City teams, has also taken part in the programmes arranged by the County Associations. Individual and team honours have not been so numerous as in the past, but this is because standards of performance generally are higher and competition keener than ever before. The City netball team is to be congratulated on becoming champions of their league, and reaching the final in the Lancashire tournament, which they lost to Liverpool.

The Cricket Association, too, undertook with great success the staging of a county game at Old Trafford. The organisation and financial result were equally outstanding.

The Swimming Section for the first time entered boys' and girls' teams in the three age groups catered for by the Lancashire School Swimming Association.

(*c*) Swimming.

The instruction is carried out by two full-time teachers, who both hold the advanced certificate of the Amateur Swimming Association, and seven part-time teachers, who all hold a teaching award of the same Association. During the summer months, nine plunges are used in the Salford baths and one at the Cheetham Baths, Manchester. In the winter season, either three or four plunges have been available.

Arrangements are made for 185 classes of 30 children and 18 classes of 20 children to attend during the summer months and 109 classes of 30 children during the winter months.

The attendance for swimming instruction has been affected by two causes throughout the year, namely, inclement weather and the temporary closure of two of the pools for the purpose of carrying out necessary repairs. The interest in swimming is such, however, that great disappointment was shown by the pupils at having to miss their lessons for the above reasons. At this stage it can be said that, at some period of their school career, every schoolchild is given the opportunity of learning to swim.

The following numbers of children qualified for certificates awarded by the Education Committee.

3rd Class Certificate	(25 yards breast stroke)	1,283
2nd ,, ,,	(50 ,, ,, ,,)	1,038
1st ,, ,,	(50 ,, ,, ,,)	634
	(50 ,, back ,,) (without use of arms)	
Advanced (Schools)	(75 yards breast stroke)	23
	(50 ,, back ,, (without use of arms)	
	(25 ,, front crawl)	
	(25 ,, either back crawl or English back)...	
	(Standing dive from side of bath)	
	(Surface dive into 6ft. of water to retrieve brick)	
	Total	2,978

The Baths Committee awarded 1,283 free season tickets to children gaining their first certificate during the current season.

There was an increase in the number of schools submitting candidates for the Royal Life Saving Society Examinations, and a total of 793 awards were gained as under :—

Unigrip Certificate... ...	1. Swim 20 yards carrying by Unigrip method	29
	2. Swim 20 yards carrying by Unigrip method, using restraint	
	3. Swim 20 yards (patient struggling) using supplementary method of restraint)...	
Elementary Certificate ...	On land :	342
	Release drills	
	Holger Nielson method of resuscitation	
	In water :	
	1. Surface dive into 4½ft. for brick and bring to land by first method of rescue.	
	2. First method of release and second method of rescue and fourth method of rescue	
	(Patient to be carried 10 yards on each exercise).	
	3. Swim minimum distance of 50 yards breast stroke, 25 yards back stroke (without use of arms)	
Intermediate Certificate...	On land :	245
	As for Elementary, but by numbers ...	
	In water :	
	1. Surface dive into 5ft. for brick and bring to land by first method	
	2. First method of release and rescue ...	
	Second ,, ,, ,, ,, ,, ...	
	Third ,, ,, ,, ,, ,, ...	
	Fourth ,, ,, rescue...	
	3. Swim 100 yards breast stroke	
	,, ,, ,, back ,, (without use of arms)	
	(Patient to be carried 10 yards in each case).	

Bronze Medallion ... ... (Age limit 14 and over).	On land : As for Intermediate ... ... In water : 1. Surface dive for brick into 6ft. Land by first method ... ... 2. First method of release and rescue ... Second ,, ,, ,, ,, ,, ... Third ,, ,, ,, ,, ,, ... Fourth ,, ,, rescue... ... ... 3. Swim continuously 150 yards breast stroke, 150 yards back stroke (without use of arms) ... ... (In all methods rescuer must swim 20 yards to patient and carry him back a similar distance).	144
Bar to Bronze	As for Bronze. Six months to have elapsed since taking Bronze examination	28
Bronze Cross ... ... (Age 15 years and over).	1. Swim (clothed) 20 yards to rescue patient by third and fifth methods and carry back the same distance ... ... 2. Swim (clothed) continuous distance of 300 yards—100 yards breast stroke, 100 ,, back stroke (without use of arms) ... ... 100 ,, free style ... ... 3. Undress on surface of water ... ... 4. Surface dive into 6ft. of water to recover and land object ... ... 5. Dive from two heights— (*a*) Not exceeding 5ft. ... ... (*b*) Not less than 8ft. ... ... 6. Perform two movements of scientific swimming	2
Scholar Instructor ... ... (Minimum age 15 years).	1. Train and present class (minimum four members) three of whom must be successful for Intermediate Certificate. 2. Control and command of class ... ... 3. Demonstration lesson on any part of drills, rescue, release or resuscitation. 4. Short lecture to class on blood circulation, respiration or resuscitation, as selected by examiner ... ... 5. Oral test ... ... 6. In water demonstrate any or all of methods of rescue, release, surface dive, breast and back stroke	3

The Royal Humane Society of the Hundred of Salford offered twelve medals for proficiency in the art of life saving, eight being allocated to boys and four to girls, approximately 100 candidates being tested for this award.

(*d*) Activities in Youth Clubs.

Physical activities both indoor and outdoor continued to maintain progress during the year in spite of the restricting action of the weather with regard to outdoor activities. The authority continued to play its part in the development of cricket coaches and to extend their work by introducing group coaching courses for boys between 15 and 18 years of age. All the established leagues under the Education Committee for football, cricket, table-tennis, net-ball and rounders increased in membership, and interest was well maintained at the eighth annual athletic sports. Early in 1955 it is proposed to establish a second boxing centre in the North Salford area, and the net-ball will have two leagues instead of one, namely, an under 18 years and over 11 years.

In July, just prior to the end of the school year, a School Leavers' Rally was held in conjunction with the Central Council of Physical Recreation. This was designed to show school-leavers the various kinds of physical activities which they could take up on leaving school. It was well attended, but it is still too early to assess the results of this.

The following is an analysis of the number of clubs and youth organisations providing physical activities in Salford.

(*a*) *Indoor.*

1. P.T. classes (boys)	22	11. Table-tennis (boys)	69
2. Keep-fit classes (girls)	18	12. ,, (girls)	18
3. Basketball (boys)	6	13. Fives (boys)	2
4. Netball (girls)	12	14. Weight lifting (boys)	5
5. Boxing (boys)	8	15. Athletic coaching (mixed)	2
6. Mixed badminton	23	16. Swimming (boys)	17
7. Country dancing	7	17. ,, (girls)	14
8. National dancing (girls)	3	18. Fencing	1
9. American square dancing	7	19. Judo (boys)	2
10. Ballroom dancing instruction	11		

(*b*) *Outdoor.*

1. Association football	75	9. Hockey (girls)	2
2. Rugby football	8	10. Camping (boys)	39
3. Netball (girls)	18	11. Holidays (club)	16
4. Rounders (girls)	25	12. Cycling	5
5. ,, (mixed)	4	13. Cricket (boys)	27
6. Athletics (boys)	17	14. Harrier (boys)	6
7. ,, (girls)	9	15. Pot holing (boys)	1
8. Tennis (mixed)	8	16. Cookery	2

Schoolchildren's Convalescence.

One hundred and thirty-four schoolchildren were sent for periods of convalescence during 1954.

Of this number, 88 were referred by school medical officers, 41 were referred from hospitals, where the children were in-patients at the time of application, and five were referred by general practitioners.

79	children	were	away	for	four	weeks	or	less.
13	,,	,,	,,	,,	five	,,	,,	,,
28	,,	,,	,,	,,	six	,,	,,	,,
3	,,	,,	,,	,,	seven	,,	,,	,,
6	,,	,,	,,	,,	eight	,,	,,	,,
2	,,	,,	,,	,,	nine	,,	,,	,,
3	,,	,,	,,	,,	twelve	,,	,,	,,

The Homes used, and the number of children sent to each, is given below :—

West Kirby Convalescent Home	14
Taxal Edge (for boys 9 to 15 years)	21
Ormerod Home, St. Annes-on-Sea	29
Margaret Beavan Home, Heswall	9
St. Joseph's, Freshfield	6
Boys' and Girls' Refuge Home, Tanllwyfan, Colwyn Bay	32
Hillary Convalescent Home, Prestatyn	5
Hilbre Nursing Home, Gwespyr	3
South Meadow, Pensarn	10
Swanscoe House, Macclesfield (for special problem cases)	5
Total	134

3 spastic children to White Heather Home, Colwyn Bay for 2 weeks each.
2 „ „ „ White Heather Home, Colwyn Bay for 4 weeks each.

The figures show an increase in the number of children sent to Convalescent Home at the request of hospital staffs. It should be noted that this figure is additional to the many children referred from hospitals direct to National Health Service Convalescent Home for which no charge is made to the local authority.

In several cases, enuretic and asthmatic children were sent to Convalescent Homes for periods of observation. Homes at Taxal Edge and Swanscoe House, Macclesfield, were specially used for this purpose, and the detailed reports received from the Warden of Taxal Edge and the Matron of Swanscoe House have proved most useful to the School Medical Officer.

The increased charge for maintenance at most of the Homes has resulted in fewer children benefiting from convalescent treatment, the number being 25 less than in 1953. By curtailing more extensive periods of convalescence it was found possible to make the money allotted for this purpose last until the end of the year.

The staff of the Invalid Children's Aid Association have again been most helpful and have undertaken the arrangement of convalescence and the transport of the children to and from the Homes. This administrative work is done without cost to the local authority. Another advantage is that parents are saved the expense of escorting their children to and from the Homes.

School Meals Service.

There is still a steady demand for the school meal and, in addition to a service of breakfast, tea and snack meals, some 2,325,000 dinners were served in the financial year which ended on 31st March, 1954. The service of school meals in holiday periods has also continued. The School Meals Service was once again called upon to assist during the emergency caused by the River Irwell overflowing its banks.

During the year, opportunity was taken to secure from a cross-section of children their replies to a simple questionnaire on school meals. It appeared that 93% of children regularly enjoyed the meal and that 96% were satisfied with the size of the meal.

Through the minor works programme improvements were carried out at several canteens including the replacement of coke burning stoves by central heating.

The scheme of modernisation at Bowker Street Central Kitchen has been completed and some 2,500 dinners daily are now produced there. This has enabled the Education Committee to complete their plan for the closure of the Albion Street Central Kitchen.

As a result of a review of several kitchen dining rooms, and having in mind the extra cooking provision at Bowker Street, proposals to close down the cooking side at four kitchen dining rooms were approved and put into effect at midsummer.

Following the receipt of Ministry of Education Circular 272—Prevention of Food Poisoning in School Canteens—there has been a full discussion of premises, working methods, equipment and staffing between the medical staff and school meals organising staff.

Ministry of Education approval was received for amendments to income scales for determining the supply of meals without payment, also to a lower charge for meals supplied to children at open-air schools. In October, the School Meals Service took over work formerly carried out by the Ministry of Food in connection with the milk in schools scheme. Local Education Authorities are now responsible for the purchase in the open market of equipment required for the school meals service, which has given an opportunity to try some new kinds of equipment with a gratifying success.

New canteens at a Secondary Grammar School and Secondary Modern School are well advanced in building and approval has been received to the building of a dining centre and scullery to accommodate 300 in two sittings. Upon completion, this will enable the closure of two centres using for dining in one case school halls, and in the other a basement hall.

X-Ray Examination of School Staff.

During 1954, 29 applicants for teaching vacancies in the Salford area had an X-ray examination of the chest as part of the medical examination. In addition, 44 students who intended to enter the teaching profession were X-rayed.

SCHOOL CLINICS.

Location of School Clinics.	*Treatment carried out.*	*Attendance of School Medical Officer.*
Regent Road	Dental (including Oral Hygiene), Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments, Ear, Nose and Throat, Pædiatric, Orthopædic.	Daily (mornings).
Police Street	Dental, Physiotherapy, U.V.R., Minor Ailments.	Daily (afternoons).
Murray Street	Dental, Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments.	Daily (afternoons).
Langworthy Centre	Physiotherapy, U.V.R., Speech Training, Chiropody, Audiometry, Minor Ailments.	Daily (mornings).
Encombe Place	Dental (including Orthodontics and Oral Hygiene).	——
Landseer Street	Physiotherapy, Audiometry	——
Regent Street	Speech Training	——
Broughton Secondary Modern School.	Speech Training, Minor Ailments ...	——
Blackfriars Road School ...	Minor Ailments	——
Barr Hill Open-air School ...	Physiotherapy, Minor Ailments ...	Thursday afternoon.
Claremont Open-air School ...	Physiotherapy, U.V.R., Speech Training, Minor Ailments.	Monday ,, Tuesday ,,
Education Office	Ophthalmic	Daily (afternoons).
Cleveland House	Physiotherapy, Speech Training ...	——

STATISTICAL TABLES.

TABLE I.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools).

A.—Periodic Medical Inspections.

Age Groups Inspected and number of Children examined in each :—	
5 years	2,663
10 ,,	2,237
14 ,,	1,791
Total	6,691
Additional Periodic Inspections	529
Grand Total	7,220

B.—Other Inspections.

Number of Special Inspections	10,470
Number of Re-inspections	11,117
Total	21,587

C.—Pupils Found to Require Treatment.

Number of Individual Pupils Found at Periodic Medical Inspection to Require Treatment
(excluding Dental Diseases and Infestation with Vermin).

Age groups inspected. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIa. (3)	Total individual pupils. (4)
5 years	9	321	328
10 ,,	132	225	351
14 ,,	156	115	258
Total	297	661	937
Additional Periodic Inspections	1	67	65
Grand Total	298	728	1,002

TABLE II.

A.—Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1954.

Defect Code No.	Defect or Disease.	Periodic Inspections. Number of Defects. Requiring treatment.	Periodic Inspections. Number of Defects. Requiring to be kept under observation but not requiring treatment.	Special Inspections. Number of Defects. Requiring treatment.	Special Inspections. Number of Defects. Requiring to be kept under observation but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4.	Skin	75	349	1014	414
5.	Eyes—				
	(*a*) Vision	228	180	143	101
	(*b*) Squint	93	179	37	48
	(*c*) Other	24	75	128	96
6.	Ears—				
	(*a*) Hearing..	31	170	211	259
	(*b*) Otitis Media ..	33	169	515	209
	(*c*) Other	24	153	321	190
7.	Nose or Throat	148	1,099	903	1,612
8.	Speech	12	147	94	159
9.	Cervical Glands	14	575	151	731
10.	Heart and Circulation ..	5	140	68	302
11.	Lungs	19	270	273	656
12.	Development—				
	(*a*) Hernia	2	37	3	18
	(*b*) Other	4	138	29	186
13.	Orthopaedic—				
	(*a*) Posture	30	134	43	89
	(*b*) Flat Foot	53	149	26	24
	(*c*) Other	101	371	201	323
14.	Nervous System—				
	(*a*) Epilepsy	—	23	4	24
	(*b*) Other	8	74	52	255
15.	Psychological—				
	(*a*) Development ..	5	70	3	9
	(*b*) Stability	10	237	77	285
16.	Other..	14	22	967	2,096

B.—Classification of the General Condition of Pupils Inspected during the Year in Age Groups.

Age Groups Inspected. (1)	No. of Pupils Inspected. (2)	A. (Good). No. (3)	A. (Good). % of Col. 2. (4)	B. (Fair). No. (5)	B. (Fair). % of Col. 2. (6)	C. (Poor). No. (7)	C. (Poor). % of Col. 2. (8)
5 years	2,663	1,207	45·3	1,415	53·1	41	1·5
10 ,, ...	2,237	979	43·8	1,233	55·1	25	1·1
14 ,, ...	1,791	934	52·2	834	46·5	23	1·3
Additional Periodic Inspections...	529	268	50·7	252	47·6	9	1·7
Total	7,220	3,388	46·9	3,734	51·7	98	1·4

TABLE III.

Infestation with Vermin.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	83,097
(ii) Total number of individual pupils found to be infested.. ..	4,084

TABLE IV.

Treatment of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools).

GROUP 1.—Diseases of the Skin.

	Number of cases treated or under treatment during the year.	
	By the Authority.	Otherwise.
Ringworm—		
(*a*) Scalp	6	..
(*b*) Body	22	..
Scabies	13	..
Impetigo	475	..
Other skin diseases	339	..
Total	855	

GROUP 2.—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with.	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	248	..
Errors of refraction (including squint)	*2,600	..
TOTAL	2,848	
Number of pupils for whom spectacles were—		
(*a*) Prescribed	*1,639	..
(*b*) Obtained	*1,639	..

* *Including cases dealt with under arrangements with the Supplementary Ophthalmic Service.*

GROUP 3.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated.	
	By the Authority.	Otherwise.
Received operative treatment for—		
(*a*) Diseases of the ear	..	6
(*b*) Adenoids and chronic tonsillitis	..	828
(*c*) Other nose and throat conditions	..	48
Received other forms of treatment	..	86
TOTAL	..	968

GROUP 4.—Orthopaedic and Postural Defects.

	By the Authority.	Otherwise.
(*a*) Number treated as in-patients in hospitals	44	..
(*b*) Number treated otherwise, e.g., in clinics or out-patient departments	424	447

GROUP 5.—Child Guidance Treatment.

	Number of cases treated.	
	In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics	109	..

GROUP 6.—Speech Therapy.

	Number of cases treated.	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists	192	..

GROUP 7.—Other Treatment Given.

		Number of cases treated.	
		By the Authority.	Otherwise.
(*a*)	Miscellaneous minor ailments	18,520	...
(*b*)	Other—		
	(i) Sun Ray	665	...
	(ii) Chiropody	995	...
	(iii) Treatment by Neurologist	23	...
	(iv) ,, ,, Pædiatrician	148	...
	(v) ,, ,, Pre-Tonsillectomy	330	...
	(vi) ,, ,, Breathing Exercises	985	...
	(vii) ,, ,, Postural Drainage	63	...
	Total	21,729	...

TABLE V.

Dental Inspection and Treatment.

(1)	Number of pupils inspected by the Authority's Dental Officers—	
	(*a*) At Periodic Inspections	12,278
	(*b*) As Specials	4,189
	TOTAL	16,467
(2)	Number found to require treatment	14,626
(3)	Number offered treatment	14,626
(4)	Number actually treated	12,613
(5)	Attendances made by pupils for treatment	16,662
(6)	Half-days devoted to—	
	(*a*) Inspection	84
	(*b*) Treatment	1,704
	TOTAL	1,788
(7)	Fillings—	
	(*a*) Permanent teeth	3,737
	(*b*) Temporary teeth	1,133
	TOTAL	4,870
(8)	Number of teeth filled—	
	(*a*) Permanent teeth	3,397
	(*b*) Temporary teeth	1,133
	TOTAL	4,530
(9)	Extractions—	
	(*a*) Permanent teeth	2,579
	(*b*) Temporary teeth	9,736
	TOTAL	12,315
(10)	Administration of general anaesthetics for extraction	3,502
(11)	Other operations—	
	(*a*) Permanent teeth	1,699
	(*b*) Temporary teeth	264
	TOTAL	1,963

CHIROPODY SURVEY SUMMARY, 1954

Age Group (years)	5 to 6				7 to 8				9 to 10				11 to 12				13 to 15				Total				Total
Sex	M		F		M		F		M		F		M		F		M		F		M		F		
Defect Group	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	
Corns	—	9	—	7	—	—	—	2	—	—	—	2	—	—	—	7	1	1	1	11	1	10	1	29	41
Verruca	—	—	—	—	—	—	—	—	—	2	—	1	—	2	—	2	—	—	—	2	—	4	—	5	9
Weak Longitudinal Arch ...	139	65	109	44	37	21	67	14	17	11	37	21	22	4	36	29	26	6	73	32	241	107	322	140	810
Footwear: Degrees of Accuracy in Fitting ...	187	134	180	155	64	39	102	74	31	15	72	83	33	22	73	79	55	22	95	180	370	232	522	571	1695
Defects of Lesser Toes ...	61	97	38	75	19	22	19	22	5	8	11	14	4	2	11	10	10	2	17	19	99	131	96	140	466
Hallux Valgus	117	16	116	10	56	3	67	19	23	2	70	17	23	5	68	34	57	5	150	64	276	31	471	144	922
Nails	—	1	1	2	—	1	—	—	—	—	—	—	—	—	—	1	1	1	—	1	1	3	1	4	9
Total	504	322	444	293	176	86	255	131	76	38	190	138	82	35	188	162	150	37	336	309	988	518	1413	1033	3952
Total Number of Children Examined. Males and Females.	901		766		270		329		138		256		142		261		157		399		1608		2011		
Total Number of Males and Females Examined.	1667				599				394				403				556				3619				

B = Slight defect (not requiring treatment) C = Marked defect (requiring treatment)

CHILDREN RECEIVING, OR AWAITING PLACES FOR, SPECIAL EDUCATIONAL TREATMENT

Category.	Attending residential school.	Awaiting places for residential school.	Attending special day school or class.	Awaiting places for special day day school or class.	Parents refuse places.	Over age for special educational treatment.	Total.
BLIND	4	...	...	...	...	...	4
PARTIALLY SIGHTED	1	...	14	1	2	...	18
DEAF	18	1	...	...	...	...	19
PARTIALLY DEAF	...	...	12	...	...	...	12
DELICATE	17	2	220	30	29	...	298
E.S.N.	45	8	131	36	21	12	253
PHYSICALLY HANDICAPPED (ORTHOPÆDIC)	6	1	24	3	...	...	34
MALADJUSTED	6	...	...	...	...	...	6
EPILEPTIC	3	...	3	...	...	...	6
HOME TEACHING : Receiving Home Tuition—6. Awaiting—3							9
TOTAL							659

PHYSICALLY HANDICAPPED CHILDREN

Diagnosis.	In residential school.	Awaiting place for residential school.	Attending day special school.	Awaiting places for day special school.	Receiving home tuition.	Awaiting home tuition.	Total.
			Cleve-land O.A.S.				
Cerebral Palsy	1	...	12 6	3	...	...	22
Anterior Poliomyelitis	2	...	4	...	2	...	8
Double Talipes	...	...	1	...	...	...	1
Spine Deformity	...	...	1	...	...	...	1
Pseudo Coxalgia	1	...	...	...	...	...	1
Perthes Disease	1	...	...	...	...	...	1
Spina Bifida	1	1	...	...	...	1	3
Chronic Nephritis	...	...	...	...	1	...	1
Hodgkins Disease	...	...	...	...	...	1	1
Myopathy	...	...	...	...	1	...	1
Acute Rheumatism	...	...	...	...	...	1	1
Hydrocephalus	...	...	...	...	1	...	1
Hydrocephalus, Spina Bifida and Talipes	...	...	...	...	1	...	1
				Total			43

HANDICAPPED AND SPECIAL REGISTER

December, 1954

An " H " for handicapped child is one who, having one or more of the Defects listed below, is recommended Special Educational Treatment on Forms 2 H.P. or 4 H.P.

An " S " for special case is one who, having one or more of the Defects listed below, does not require Special Educational Treatment.

	Attending special day school or class.	Waiting list for special day school or class.	In residential school.	Waiting list for residential school.	Parents refuse.	Total on " H " Register.	Total on " S " Register.	Total 2 to 15 years.	Total 15 to 18 years.
Acute Rheumatism	5 O.A.S.	...	...	...	...	5	63	68	18
Asthma	25 O.A.S.	...	...	...	...	25	53	78	50
Blind	...	...	2	...	...	2	...	2	...
Partially Sighted	14	...	4	1	2	21	...	21	12
Deaf	...	...	16	1	...	17	...	17	1
Partially Deaf	10 Part Deaf Cl.	2	...	...	...	12	72	84	21
Multiple Defects	...	...	...	...	...	...	28	28	18
Delicate	173 O.A.S.	28 O.A.S.	16	4	14	235	344	579	87
Congenital Heart	2 O.A.S.	...	...	...	...	2	10	12	...
Pulmonary Tuberculosis	4 O.A.S.	...	...	...	...	4	...	4	...
Non-Pulmonary Tuberculosis	2 O.A.S.	...	...	...	...	2	...	2	...
Epileptic	4 O.A.S.	...	3	...	...	7	41	48	17
Maladjusted	...	...	4	1	...	5	5	10	15
Diabetes	...	...	...	...	...	...	7	7	7
Speech	...	...	...	...	...	...	96	96	44
Physically Handicapped	12 Cleveland.	1 under age.	6	2	...	33	123	156	53
Physically Handicapped	12 O.A.S.	...	...	...	...	...	...	...	...
E.S.N.	50 Broomedge.	31 E.S.N.	45	17	11	451	...	451	107
E.S.N.	92 Spec. C. E.S.N.	...	...	...	...	...	...	...	...
Home Teaching	4 Receiving H.T.	3 Waiting.	...	...	...	7	...	7	...
Totals	405 + 4 Home Tchg.	64	96	26	27	828	842	1,670	450

HANDICAPPED PUPILS

Category.	Receiving Home tuition.	Awaiting Home tuition.	Attending residential school.	Awaiting places for residential school.	Attending special day school or class.	Awaiting places for day special school or class.	Parents refuse places.	Total.
BLIND	...	...	4	...	...	...	...	4
PARTIALLY SIGHTED	...	...	1	...	14	1	2	18
DEAF	...	...	18	1	...	...	...	19
PARTIALLY DEAF	...	...	...	...	10	3	...	13
DELICATE	...	...	17	2	220	30	29	298
PHYSICALLY HANDICAPPED	6	3	6	1	24	3	...	43
MALADJUSTED	...	...	6	...	...	...	...	6
EPILEPTIC	...	...	3	...	3	...	...	6
E.S.N.	...	...	45	8	131	48	21	253
TOTAL								660

Category.	Ministry of Education Estimated Proportion.	Salford.
BLIND	0·2 to 0·3 per 1000 Registered Pupils.	0·2 per 1000 Registered Pupils.
PARTIALLY SIGHTED	1·0 „ „ „ „	0·6 „ „ „ „
DEAF	0·7 to 1·0 „ „ „ „	0·7 „ „ „ „
PARTIALLY DEAF	1·0 upwards „ „ „ „	0·5 „ „ „ „
DELICATE	1·0 to 2·0 „ 100 „ „	1·0 „ 100 „ „
EPILEPTIC	0·2 „ 1000 „ „	0·2 „ 1000 „ „
E.S.N.	10 „ 100 „ „	0·9 „ 100 „ „
MALADJUSTED	About 1 „ „ „ „	0·02 „ „ „ „
PHYSICALLY HANDICAPPED	5·0 to 8·0 „ 1000 „ „	1·5 „ 1000 „ „

SPEECH THERAPY.

Langworthy Centre.

There were 50 children still on the register at the beginning of this year. Forty-four new children have been admitted for treatment during the year, making the total number treated 94. Two others failed to attend for treatment.

From previous year.		*During this year.*	
Dyslalia (defective sounds)	20	Dyslalia	22
Sigmatism (faulty 's' or 'z')	2	Sigmatism	6
Idioglossia (unintelligible speech)	2	Idioglossia	1
Retarded speech	2	Retarded speech	1
Cleft palate	2	Cleft palate	3
Dysphonia	1	Dysphonia	2
Stammering	17	Stammering	9
Stammering / Dyslalia	4	Stammering / Dyslalia	0
TOTAL	50	TOTAL	44

Total number of attendances for treatment at the clinic, 1,337.

Forty-six children have been interviewed during the year. Of these, 38 are awaiting treatment. In seven cases treatment may not be necessary.

One child did not require treatment.

Twenty-six others were called for interview but did not attend.

Fifty-nine children have been discharged this year, 31 of these satisfactory.

DISCHARGES.

Final satisfactory	31
Provisional	8
Temporary discharge	12
Defaulters	8
	59

There were 73 home visits and 53 visits to schools.

Broughton and Regent Street Centres.

Children still on the register at the beginning of this year number 47. (Broughton, 25. Regent Street, 22).

New cases admitted for treatment total 50. Of these, 10 failed to attend for treatment : 9 were defaulters and one had transferred to another area. Actual number treated—40. (Broughton, 17. Regent Street, 23). Nine of these were readmissions, three after previous provisional discharge. GENERAL TOTAL—87.

BROUGHTON CENTRE.

From previous year.		*During this year.*	
Dyslalia	14	Dyslalia	4
Stammer	5	Stammer	4
Stammer and Dyslalia	3	Sigmatism and Dyslalia	5
Stammer and Lalling	1	Sigmatism and Stammer	1
Sigmatism and Dyslalia	1	Cleft palate	2
Nasal speech	1	Lalling and slight Dyslalia	1
TOTAL	25	TOTAL	17

GENERAL TOTAL ... 42.

REGENT STREET CENTRE.

From previous year.		*During this year.*	
Dyslalia	12	Dyslalia	11
Stammer	4	Stammer	6
Stammer and Dyslalia	2	Dyslalia and Stammer	2
Stammer and Sigmatism	2	Sigmatism	1
Lalling and slight Dyslalia	1	Sigmatism and Lalling	1
Sigmatism, Dyslalia and Stammer	1	Sigmatism and Dyslalia	2
TOTAL	22	TOTAL	23

GENERAL TOTAL ... 45.

Children interviewed and waiting admission number 29 (Broughton, 24 ; Regent Street, 5). One child waiting was interviewed in December, 1953. Two others waiting are readmissions, one being a transfer from another area.

Called for interview but failed to attend, 10 (4 of these were ill). Referred during the year and still on the waiting list for interview, 44.

Children interviewed and not requiring special treatment, 3 (these were seen again during a home visit after an interval of three months).

DISCHARGES.

Final discharge—satisfactory		20
Provisional discharge—satisfactory		9
Stood down—		
Referred to Child Guidance Clinic	3	
Awaiting special vacancy	1	
For possible readmission later	5	
Further improvement unlikely	4	
	—	13
Defaulted		7
Lapsed		7
Left school		4
Transferred		4
TOTAL		64

Number of attendances for treatment total 1,669 (Broughton Centre, 765 ; Regent Street, 904).

There were 133 visits to homes (30 of these, no reply to knock), and 42 school visits.

General total of attendances for treatment for all centres	3,006
,, ,, ,, admissions for treatment	84
,, ,, ,, children treated from previous year	97
,, ,, ,, ,, interviewed and awaiting admission	67
,, ,, ,, ,, awaiting interview	127

Child Guidance Clinic.

Cases referred in 1954 by—

Schools	22
Principal School Medical Officer	30
Children's Officer	17
Hospitals	8
Private Doctors	11
Court and Probation	4
Parents	12
Others	6
Outside Authorities	10
TOTAL	120

Referred because of—

Enuresis, &c.	13
Stealing	26
Failing at school	9
Stammer	8
Tic	2
Agression, &c.	26
Food and sleep difficulties	7
Nervousness	16
Other behaviour difficulties	13
TOTAL	120

I.Q. of those seen—	*Boys.*	*Girls.*	*Total.*
130 plus	8	2	10
120—129	10	4	14
110—119	6	4	10
100—109	17	4	21
90—99	9	4	13
80—89	10	5	15
70—79	—	2	2
Below 70	1	1	2
Untested	2	1	3
TOTAL			90

Children seen for diagnosis	90
„ „ „ treatment	55
Number of individual children	109
Total number of interviews in clinic	1,500
Children waiting diagnosis	69
„ referred in 1954	120
TOTAL	189

Children seen (diagnosis)	90
Cases closed without full diagnosis	51
„ waiting—December, 1954	48
TOTAL	189

Of the cases closed unseen—

Improved	29
Referred to other agencies	4
Unsuitable	2
Failed to answer	7
Refused	6
Left area, &c.	3
TOTAL	51

AVERAGE HEIGHTS AND WEIGHTS — AGE 5 YEARS 0 MONTHS TO 5 YEARS 11 MONTHS

1st January to 31st December, 1954

Age		BOYS.				GIRLS.			
		Height (inches)	Weight (lbs.)	Number Examined.	Total Examined.	Height (inches)	Weight (lbs.)	Number Examined.	Total Examined.
Years.	Months.								
5	0	41·8	38·1	80		41·5	39·0	78	
5	1	41·9	40·6	81		42·0	39·4	88	
5	2	42·3	41·5	92		42·2	39·6	77	
5	3	42·3	40·9	97		42·5	40·7	87	
5	4	42·3	41·3	93		42·0	39·3	74	
5	5	42·3	41·6	93		42·6	40·7	65	
5	6	43·2	41·9	83		42·6	41·1	93	
5	7	43·2	43·2	87		43·0	41·4	77	
5	8	43·5	42·7	96		43·3	41·7	80	
5	9	43·8	43·6	89		43·1	42·3	79	
5	10	43·8	43·5	91		43·6	42·9	79	
5	11	44·1	44·2	88		43·7	42·6	69	
					1,070				946

Average Age.		1954.	1953.		1954.	1953.
Years.	Months.					
5	6					
		Average Height...	42·9 inches.		Average Height...	42·7 inches.	
		,, Weight	42·1 lbs.	41·8 lbs.	,, Weight	41·0 lbs.	40·9 lbs.

COMPARATIVE WEIGHTS — AVERAGE AGE 5 YEARS 6 MONTHS

BOYS.

Average Age	1948. Yrs. 5 Mths. 11 —5	1952. Yrs. 5 Mths. 7 —1	1953. Yrs. 5 Mths. 8 —2	1954. Yrs. 5 Mths. 6
	5 6	5 6	5 6	5 6
Average Weight.	Lbs. 43·6 —1·7	Lbs. 43·1 —0·3	Lbs. 42·5 —0·7	Lbs. 42·1
	41·9	42·8	41·8	42·1
Total Number of Children	1,494	1,514	1,710	1,070

GIRLS.

Average Age ...	1948. Yrs. 6 Mths. 0 —6	1952. Yrs. 5 Mths. 7 —1	1953. Yrs. 5 Mths. $7\frac{3}{4}$ $-1\frac{3}{4}$	1954. Yrs. 5 Mths. 6
	5 6	5 6	5 6	5 6
Average Weight.	Lbs. 44·4 —2·1	Lbs. 40·4 —0·3	Lbs. 41·5 —0·6	Lbs. 41·0
	42·3	40·1	40·9	41·0
Total Number of Children	1,460	1,514	1,906	946

Adjustment calculated on a basis of 0·35 lbs. per month.